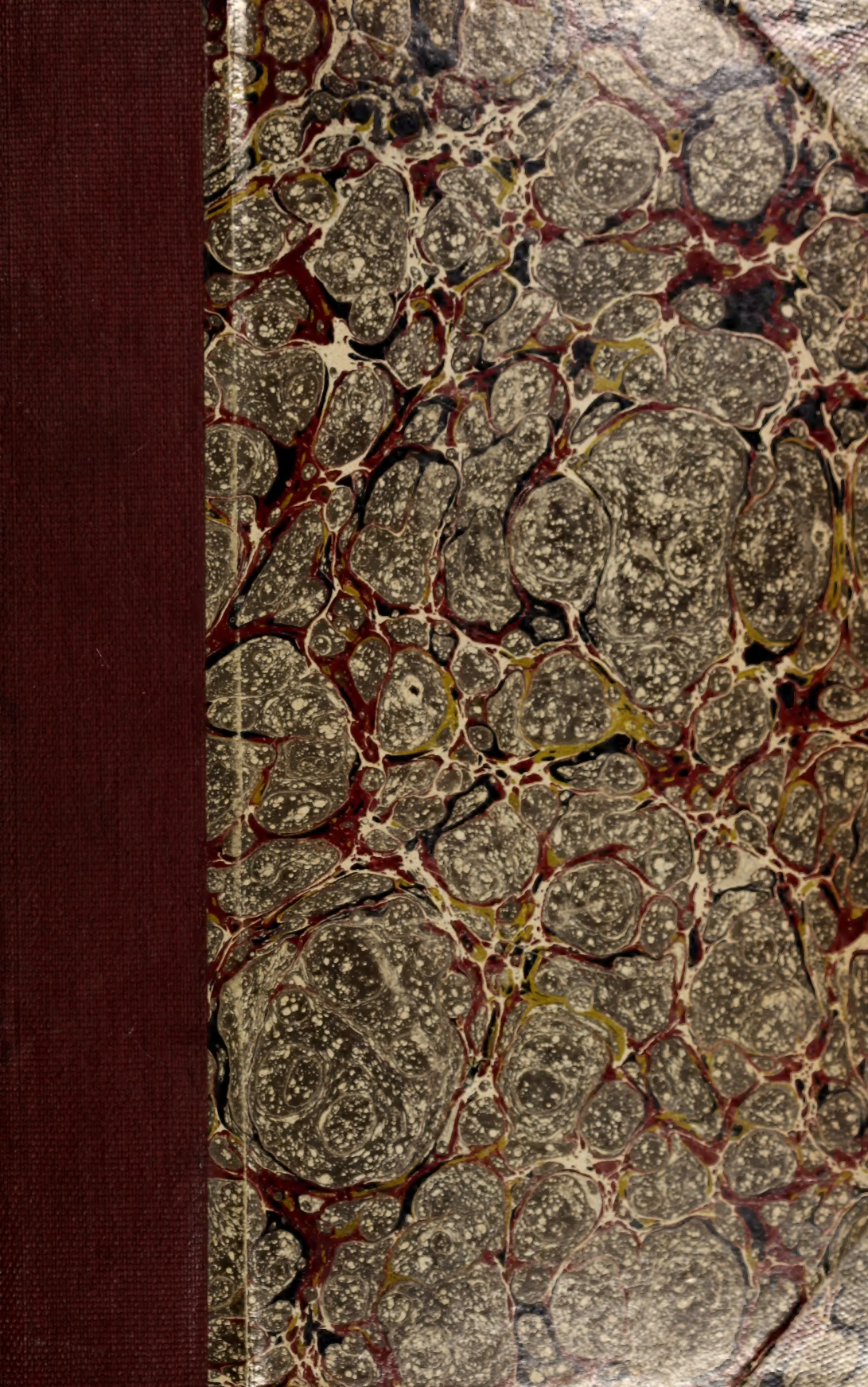
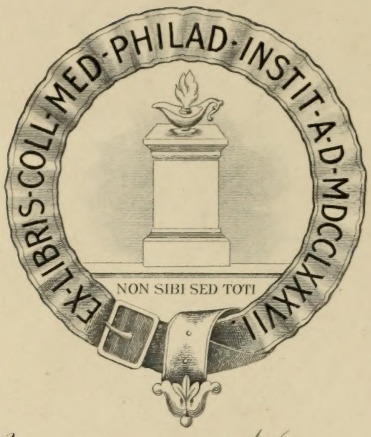


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THE EYE AS AN AGENT IN CAUSING HEADACHES AND OTHER NERVOUS DISTURBANCES.

BY GEO. S. NORTON, M.D., PROFESSOR OF OPHTHALMOLOGY IN THE COLLEGE OF THE NEW YORK OPHTHALMIC HOSPITAL.

(Read before the New York Medico-Chirurgical Society, December 9th, 1884.)

WITHIN the past few years, the influence of errors in refraction and weakness of the ocular muscles in producing disturbances in the nervous centres, has assumed more and more importance; all of which is a natural sequence of our increase in knowledge regarding the functions of these organs.

The intimate connection existing between the eye and the brain by means of a nerve of special sense, nerves of sensation and motion, and the blood supply, renders the transmission of an irritation or inflammation in one organ to the other a not unlooked-for consequence. This we see verified in various instances; hyperæmia of the brain will produce congestion in the retinal circulation; tumors in the brain almost invariably cause a "choked disk" or paralysis of one or more of the ocular muscles; and, vice versa, ocular diseases not unfrequently extend to the brain. If this be true regarding inflammatory diseases, how much more certainly should we expect to find symptoms of irritation extending from one to the other. There may not be the same continuity of tissue as is found in the ear, throat and lungs, yet the nerve and blood connection between the eye and brain is closer, and so more conducive to the production of irritation, if not also of inflammation.

The nervous disturbances most commonly brought on by *eye strain* are various forms of headache, particularly in the frontal region, though they may be confined to the vertex, temples or occiput, may be periodical in character, may be accompanied with vertigo and nausea, or may assume almost

any variety imaginable. Besides headaches, various mental disturbances may be observed from this same cause, as depression, irritability of temper and inability to apply the mind; or we may have insomnia, marked indications of spinal irritation, general nervous prostration and even choreic symptoms; all of which will be made more apparent as we proceed.

Let me, however, in the beginning be not misunderstood and considered as one who is "riding a hobby." This has been done by some oculists, and injury worked thereby. It is mere folly to assume that all diseases, or all nervous affections, or all headaches, or even all headaches of a certain type may be cured by attention to the eyes; though there is no doubt that a far larger proportion of nervous headaches and other disturbances are dependent upon the eye than the general practitioner usually realizes.

This subject has been one of great interest to me for years, and several thousand cases* have been examined; and it is from this experience that my conclusions will be drawn, and clinical cases given to illustrate the various points brought forward. In this article none of the inflammatory diseases of the eye will be considered, only the effect of errors in refraction and weakness of the muscles in causing the troubles under discussion.

By the term "refraction" is meant that passive power which every eye possesses, when in a state of rest—*i.e.*, adjusted for its far point—of bringing certain rays of light to a focus upon the retina without any effort of the muscular apparatus of accommodation. This power is due to the form of the eye and its refracting media, the cornea, lens and humors.

By "accommodation" is understood the power which every normal eye possesses of adjusting itself for different distances; thus the accommodation is exercised whenever we change our vision from the distant point by looking at an object near at hand. This power of accommodation is due chiefly to the action of the ciliary muscle, which increases the curvature of the lens, thus enabling it to bring rays to a focus upon the retina.†

In connection with this we must also take into consideration

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* By reference to my records I find that during the past three years over 1000 cases of errors in refraction have been examined in my office. This with a practice of ten years previous to that time, and the constant experience in a large clinic at the New York Ophthalmic Hospital will easily make up the "several thousand cases."

† I purposely omit here any consideration of the oblique and remaining recti muscles, as their influence in adjusting the eye for the near point is of little practical importance in comparison with the above.

another important factor, viz., the convergence of the optic axes, which is brought about by the action of the internal recti muscles. Now there is a definite relation between the power of convergence, and the power of accommodation—*i.e.*, we cannot converge our eyes, except within certain limits, without also adjusting them for the near point, and vice versa. If anything interferes with this relation, there will be a strain upon one or the other muscle. Like all other muscles the ciliary and internal recti may become weakened by overuse, when all the symptoms of "eye strain" and its consequences will follow.

In the emmetropic eye, parallel rays of light, viz., those emanating from a distance of twenty feet or more, are brought to a focus upon the retina, without any effort of the accommodation; therefore weakness of the ciliary or recti muscles could only be produced by long-continued use at the near point, especially in low states of the general health. If, upon the other hand, the form of the eye varies from emmetropia so that there is a constant and, perhaps, irregular use of the muscles even for distant vision, and, thereby, an increased action for near vision, very soon we might expect to observe indications of weakness, especially in those whose work demands close application at the near point. The manner in which various errors in refraction produce weakness of accommodation or convergence, will be seen as we proceed.

Before examining into the different errors in refraction, let us first consider how weakness, spasm or irregular action of the ocular muscles can cause headache or other disturbances in the nervous centres. The various muscles of the eye are bountifully supplied with nerves, which preside over muscular action, sensation and nutrition. The nerves of motion are the third, fourth and sixth pairs. The third or oculo-motorius supplies the superior, inferior and internal rectus, inferior oblique, sphincter of the pupil and ciliary muscle. The fourth or patheticus supplies the superior oblique; and the sixth or abducens, the external rectus. The ophthalmic division of the fifth or trigeminus controls the power of sensation in all portions of the eye, and especially acute is this sense in the ciliary region, owing to the ample distribution of these nerve filaments at this point. Sympathetic fibres will also be found in all parts. It will, therefore, be seen that the nerve connections, motory, sensory, and sympathetic, between the muscles of the eye and the nerve centres, are abundant and intimate. Remembering, now, this nerve distribution, is it at all surprising that a constant, regular or irregular strain on the ocular

muscles, week after week, month after month, and year after year, will in time produce headache and various other nervous disturbances by communication of the irritation to other nerve origins? No; it is more astonishing that we do not observe more frequent and more varied complications from eye strain, when we consider the great frequency of anomalies in refraction and the outrageous abuse of the eyes in this intellectual age in which we live.

Having now demonstrated how eye strain will bring about nervous disturbances, let us turn to the various defects of the eye which will cause a strain upon its muscular apparatus.

Hyperopia.

In hyperopia the refractive power is too low, so that, when the eye is in a state of rest—adjusted for distance—parallel rays of light are not brought to a focus upon the retina as in emmetropia, but behind it. An effort of the accommodation is therefore required, even to see objects in the distance distinctly; and how much greater this strain upon the ciliary muscle must be, in looking at a point near at hand, when the accommodation is naturally brought strongly into action. For the emmetropic eye there is a period of rest in viewing distant objects, thus giving time to regain its lost strength after long-continued use at near work, but there is no rest for the hyperopic eye; it must work for distant vision, when it should rest, and must overwork for near vision. Is it, then, to be wondered at that a constant strain is exercised upon the ciliary muscle, which in time will produce various nervous disturbances? The extent of the strain exercised upon the accommodation will depend upon the degree of farsightedness, the amount of work devolving upon the eye, and the general condition of the hyperope. The higher the degree of farsightedness the greater will be the effort of accommodation at the near point, but this does not necessarily hold good for the far point, as they may unconsciously learn to sacrifice a certain amount of distinctness of vision for the advantage of rest. The amount of work is a very important factor in producing asthenopic and nervous symptoms. Steady, long-continued use of an hyperopic eye will invariably, in time, produce eye strain, as will overuse of the muscular apparatus elsewhere cause a corresponding weakness. This is daily demonstrated in our hospital clinics as the poor seamstresses apply for relief of eye and head symptoms due to hyperopia. Usually, the complaint is only of pain in the eyes and headache over them,

after sewing steadily, but occasionally the symptoms become more severe, as in the following:

Case I.—Agnes M——, aged 17, works at dressmaking from early in the morning till late in the afternoon. She first noticed that the eyes tired on sewing, then a mist would appear before vision about 10 A.M., and continue the remainder of the day; every second day would have a headache over the eyes. These increased in frequency and severity until they came daily at 9 A.M., and continued till night. The pain was severe in the vertex and temples, often shooting in character and accompanied by nervous spells about 2 P.M. Examination showed: V. $\frac{15}{30}$, Hm. (manifest hyperopia) $\frac{1}{50}$. Also, a small degree of astigmatism. As spherical glasses seemed easier than cylindrical, no attempt was made to correct the irregular curvature, but convex 50 were prescribed. Bryonia was given internally. About a month later she reported that she hardly suffered from headache, and could use her eyes with comfort with glasses. If the headache should return in this case, it would be necessary to correct the astigmatism also, as is usually done.

Sewing women are not by any means the only sufferers from headaches due to hyperopia, for it is, comparatively, as commonly, or perhaps more often, observed in school-children or others who are using the eyes steadily (at the near point) in study, or mental exertion. A few cases will give an idea of the symptoms usually complained of by this class of patients, of the low degrees of hyperopia which may produce these symptoms, and of the prompt relief obtained by correction of the error in refraction.

Case II.—Gracie F——, aged 9, was brought to me in December, 1880, for examination of her eyes on account of headaches, from which she had been suffering for three months since returning to school in the fall. The headaches were of almost daily occurrence, and brought on by long study; V. $\frac{15}{15}$, Hm. $\frac{1}{40}$. Convex 40 seemed easier for reading, and so were prescribed, to be always worn while studying. One month later, received word that she was perfectly cured and could use the eyes without producing headache.

Case III.—Lizzie S——, aged 12, had been complaining for some time of headache every afternoon while studying, and also of ciliary blepharitis; V. $\frac{15}{15}$, Hm. $\frac{1}{60}$; as convex 60 appeared easy for reading they were prescribed. The headache was relieved for nearly two months, when it again returned, being severe over the eyes. Examination was now

made, after paralyzing the accommodation with atropia, when the whole degree of hyperopia (H.) was found to be $\frac{1}{36}$. Her glasses were exchanged to convex 48, since which time (one year) there has been no return of headache, or inflammation of the lid margins.

Case IV.—Frank E—— applied in January, 1882, for relief of a constant severe headache in the temples, always aggravated by any use of the eyes. He was very nervous; V. $\frac{15}{15}$, difficulty; concave 50 improved distant vision somewhat. There was no manifest hyperopia (Hm.), but the ophthalmoscope showed that the refraction must be hyperopic, thus indicating a spasm of the ciliary muscle. As convex 40 were comparatively easy to the eyes, they were recommended, and Jaborandi^{iii}. was given internally. Two weeks later he reported relief from headache, and that he could use the eyes without trouble with glasses.

Case V.—Esther W——, about 17 years of age, came to me in February, 1884. She complained that for several months she had been unable to use her eyes for reading; any use of them would produce a hot, burning sensation in the eyes, to be followed by a headache over them, like a tight band, with a dull heavy feeling in the occiput. Occasionally there would be shooting pains through the head, and twitching of the eyelids. There was some photophobia, especially by gaslight, and the conjunctiva would become injected on reading. She had been treated by her physician for "granular lids." V. $\frac{15}{15}$, Hm. $\frac{1}{48}$. Convex 48 were prescribed for near vision. In a few days it was found that these glasses gave only partial relief from the headache, and that prolonged use of the eyes could not be undertaken, owing to the weakness of the accommodation. Systematic exercise of the eyes, according to "Dyer's method," reading regularly twice a day, commencing in this case with fifteen minutes (her limit), and increasing one minute each day as long as it could be done with comfort, was advised; at the same time electricity was employed, and various remedies, as Con., Ruta, Nux, Bell., and Calc. phos., were administered. She improved steadily and rapidly. In October she wrote that her "eyes had been well all summer;" had used her glasses as directed for near vision; could read an hour and a half without discomfort, and only occasionally suffered from a headache, which could always be ascribed to some definite cause unconnected with the eyes.

Case VI.—Miss M. D—— was seen in October, 1883. She said that reading ten or fifteen minutes would produce a

sharp pain through the right eye, followed by a drawing pain in the head, and headache over the eyes, with occasionally some pain in the occiput. V. $\frac{1}{1}\frac{5}{5}$, difficulty, Hm. $\frac{1}{40}$. Convex 40 were given for near vision, and Ruta administered internally. In October, 1884, she reported that all the head-symptoms had been relieved, and she could use the eyes by day as much as she desired.

Case VII.—Fred. T——, about 16 years old, came to my office in September, 1879. He had not been able to use his eyes for several years without producing headache, and for six weeks had complained of marked spasm of the lids on reading. After reading ten minutes there would be aching around and behind the eyes, soon followed by frontal headache. V. $\frac{2}{2}\frac{0}{0}$, Hm. $\frac{1}{4}\frac{}{0}$. Being satisfied that his hyperopia was really much more than this, convex 50 were prescribed, and systematic exercise recommended. For the spasm of the ciliary muscle Jaborandi was given. Within two months he was able to use his eyes without discomfort, and his headache and nervous symptoms had disappeared. A little over a year later it was necessary to change his glasses to convex 40, but with this exception he has experienced no trouble.

In the above series of cases it will be noted that only those have been selected in which the hyperopia has been of a low degree, and in all of which the vision has been perfect (V. $\frac{1}{1}\frac{5}{5}$ or $\frac{2}{2}\frac{0}{0}$). This has been done intentionally; for they more forcibly illustrate the importance of this error of refraction in causing head symptoms, and therefore the necessity of suspecting it even when the vision is normal. In the higher degrees of hyperopia attention would be sooner directed towards the eyes, as the sight is more or less involved, both for distant and near objects. The train of head-symptoms is, however, very similar to those given above, only perhaps more pronounced.

In all hyperopes the constant strain to correct the error in refraction is necessarily chiefly exercised upon the ciliary muscle. This strain will, in some instances, produce simple weakness of the muscle; in others a condition of chronic spasm. The latter is very common, and is a form of "irritable weakness," the muscle being in a state of tension and irritability which especially induces headache and other nervous symptoms. In either condition the correction of the hyperopia is of first importance. Afterwards remedies may be required according to the character of the muscular affection.

The recti muscles are not so frequently involved in farsightedness as in nearsightedness, still their relative strength

must often be taken into consideration as will be shown further on.

The general condition of the patient must not be overlooked; for the exciting cause of the head and nerve-symptoms will not unfrequently be found in a poor state of the health. The muscles may have been so strong that they have been able to withstand the extra amount of work laid upon them until all at once some constitutional disturbance weakens the overworked muscles, and develops the symptoms of eye strain.

Myopia.

Myopia is the opposite condition of hyperopia, *i.e.*, the refractive power is too high, or the antero-posterior axis too long, so that parallel rays of light are not brought to a focus upon the retina but in front of it. The effort of accommodation is, therefore, even less than in emmetropia, both for distant and near objects, so we would not expect to find headaches arising from overwork of the ciliary muscle. Thus we must ascribe the headaches which are observed, though less often than in some other anomalies of refraction, to some other cause than strain upon the accommodation as in hyperopia. First, in high degrees of myopia, which necessitate bringing the book nearer the eyes than usual, an extra effort of convergence is required, thus occasioning undue strain on the internal recti muscles, which is followed by weakness of these muscles with its attendant train of asthenopic, nervous and cerebral symptoms. Second, in the progressive myopia of young people, there will be found congestion of the fundus and even of the whole eye, sensitiveness to light and use, and other symptoms of irritation and weakness which may easily be transmitted to the nerve-centres. Illustrative of these varieties are the following cases:

Case VIII.—Miss M. W——, æt. 27, school teacher, had suffered for years from severe sick headaches. Would be confined to the house (often in bed) for one or two days each week. They usually came on about Friday, after teaching all the week. The pains were intense throughout the whole head, seeming as if they would drive her crazy, and were only relieved by anodynes. The patient was very nervous and delicate. V. $\frac{6}{200}$. M. $4\frac{1}{4}$ with which V. $\frac{15}{20}$. The fundus appeared normal, with the exception of a very slight posterior staphyloma. The internal recti were weak. Concave 10 were prescribed for constant use, and Jaborandi was given

internally. She has been now under treatment about four months, and reports wonderful improvement. The headaches have not wholly disappeared, but are less frequent and less severe; she is stronger, less nervous, and sleeps better than formerly.

Case IX.—Ella L——, age about 13, came for attention to eyes in April, 1882. She complained of severe pain over the eyes in the head on reading two hours or so. Relief was only obtained by sleep. V. $\frac{15}{200}$, M. $\frac{1}{12}$, V. $\frac{15}{15}$. It was a case of progressive myopia. The fundus was hyperæmic and outlines of optic papilla blurred, though no marked posterior staphyloma could be detected. Concave 18 were recommended for constant use. In October, 1884, she reported herself as perfectly well, could read four or five hours without discomfort, and did not suffer from her former headaches.

Again, in another series of cases, spasm of the ciliary muscle will simulate myopia, and play a very prominent part in the causation of nervous disturbances. These patients may be really myopic, but of a lower degree than is apparent, or they may be emmetropic, astigmatic or hyperopic. This condition must always be borne in mind in myopia, especially when changeable in degree, for it must not be neutralized by correcting lenses, but relieved either by the local use of atropia or the administration of internal remedies, particularly Jaborandi. As examples of spasm of the accommodation, the following cases are cited:

Case X.—Mr. R——, æt. 28, for seven years had been writing in a poor light all day. He thought his nearsightedness had appeared within one or two years. He complained of the myopia increasing, and the eyes tiring on using them one and a half hours. Fundus normal. V. $\frac{20}{70}$. Concave 40, V. $\frac{20}{20}$. Three weeks after using Jaborandi^{iii}, he reported that he had used his eyes more than usual, and had experienced no trouble, V. $\frac{20}{50}$. Concave 50, V. $\frac{20}{20}$. Thus proving that we had a case of myopia with spasm of the ciliary muscle.

Case XI.—Mr. M——, æt. 32. V. $\frac{20}{30}$. Concave 42, V. $\frac{20}{20}$. For nine months had had spots before the vision and aching of the eyes upon using them. In three days, under Jaborandi^{iii}, the vision had become $\frac{20}{20}$, and the muscæ volitantes had disappeared, thus verifying the diagnosis of emmetropia with a simulated myopia from spasm of the acmodation.

Case XII.—James L——, æt. 32, complained of every-

thing becoming black before the eyes on stooping; aching of the eyes on reading, and spots before the vision. V. $\frac{20}{30}$. Concave 42, V. $\frac{20}{20}$. Ophthalmoscope showed slight hyperopia. Three days after taking Jaborandi[iii], all the symptoms were relieved, and V. $\frac{20}{20}$.

The influence of regular and irregular spasm of the ciliary muscle will be further considered under astigmatism.

Astigmatism.

This anomaly is one in which the refraction varies in the different meridians of the same eye, and is dependent chiefly upon a variation in curvature of the cornea in its two principal meridians. Irregular curvature of the cornea or lens in more than two meridians is purposely excluded from this classification. Under the term "regular astigmatism" we may distinguish six different forms, viz.: simple myopic astigmatism (Am.); simple hyperopic astigmatism (Ah.); compound myopic astigmatism (M. + Am.); compound hyperopic astigmatism (H. + Ah.); mixed astigmatism, with predominant myopia (Amh.); mixed astigmatism, with predominant hyperopia (Ahm.)

Astigmatism will more frequently induce headaches and various nervous disturbances than any other error in refraction. This is, however, no more than we could anticipate, when we remember that the ciliary muscle must act irregularly in the different meridians, thus sooner or later occasioning eye strain with its accompanying symptoms. The eye always endeavors to obtain distinctness of vision, and in small degrees of irregular curvature it may approximately accomplish this result, though at the expense of a strain upon the accommodation. It is remarkable how small a deviation from the normal curvature will, under favorable circumstances, produce serious eye and head symptoms. Not many years ago, an astigmatism of $\frac{1}{10}$ was considered normal, and not necessary to correct. Now, we know that an astigmatism of $\frac{1}{72}$, or even $\frac{1}{144}$, may occasion very marked asthenopic and nervous symptoms. This is especially true when the degree of abnormal curvature varies in the two eyes, and in different meridians, as is quite commonly the case; for, in these instances, the strain upon the ciliary muscle will be unequal in the two eyes, thus complicating the difficulty. In the higher degrees of astigmatism the patient generally applies for relief early, on account of the poor sight, thus avoiding headache.

Definite knowledge as to the condition of the ciliary muscle,

is very necessary in prescribing cylindrical lenses; for this muscle may have become so accustomed to acting irregularly, that irregular contraction has become the rule, and its complete relaxation impossible without artificial aid, thus preventing us from obtaining correct information as to the curvature of the cornea. It is, therefore, always advisable to make an examination after fully paralyzing the accommodation with atropine; particularly is this essential in low degrees of myopic astigmatism.

Let us now consider the different varieties of this error in refraction.

Simple Myopic Astigmatism (Am.) is that state of refraction in which myopia exists in one principal meridian, and emmetropia in the other. The influence of this abnormal curvature upon the nerve centres is well demonstrated in the following case:

Case XIII.—Arthur F——, about 17 years of age, came to me in September, 1878, complaining of a constant aching in the eyes aggravated upon reading, also a pain over them after any use, followed by headache, nausea, and general feeling of illness. V. $\frac{20}{20}$. No Hm., but as convex 60 seemed easier to the eye, they were prescribed. At that time no test was made for astigmatism, as it was not then thought necessary when vision was perfect. The above glasses, with Ruta or Nat. mur. internally, gave comparative relief for several months. After which the patient was not again seen until March, 1883, when he once more came by the advice of his physician, to see if there could be any trouble with his eyes. He stated that he had never been wholly free from attacks of headache, but, for the past two months it had been constant, especially in the frontal region. At times it would be severe, with nausea and vomiting. It was always increased by use of the eyes, or from any mental exertion. He became despondent, sleepless at night, generally "run down" in health, and totally unfitted for his business (mercantile). He had been under the best medical advice, "neurasthenia" diagnosticated, and a trip South recommended. He had taken the last prescription, and been to Florida for three or four weeks, but with only slight temporary relief while away; all the symptoms returning in full force on his return to business. Examination now revealed R. V. $\frac{15}{30}$, L. V. $\frac{15}{15}$ difficulty. No improvement from spherical glasses could be obtained. As straight lines did not appear exactly the same in all meridians, it was decided to test under atropine, which was to be instilled in both

eyes the night and morning before he again came. In a few days he returned, with the accommodation fully paralyzed. R. V. $\frac{15}{40}$, L. V. $\frac{15}{20}$; — 40^c axis 90° (vertical), R. V. $\frac{15}{15}$, and lines correct in all meridians; — 144^c axis 90°, L. V. $\frac{15}{15}$ and lines correct. After a further test, on his recovery from the atropine, "O. D. —48^c axis 90°, O. S. —144^c axis 90°" were prescribed for constant use. After wearing these glasses a few days, the headache and all other nervous disturbances had been relieved, even though business had been resumed. Three months later, he reported "complete relief from all headache, sleeps well, and general health as good or better than ever;" also, that, upon attempting, for three weeks, to do without his glasses, indications of his former troubles had returned, which were at once relieved by putting on his glasses again. In September, 1884, he came in to say that there had been no return of former headaches, wears his glasses constantly, and can use his eyes all he desires.

It must always be remembered that spasm of the ciliary muscle will not unfrequently make a hyperopic astigmatism appear to be myopic; it is therefore never safe to prescribe weak cylindrical glasses without an examination under atropine.

Simple Hyperopic Astigmatism (Ah.) is that condition of the refraction in which hyperopia exists in one principal meridian and emmetropia in the other.

Illustrative of the results consequent upon this anomaly of refraction, and of the benefit derived from its correction, the following cases are given:

Case XIV.—Mrs. A. C——, æt. 36, dressmaker, was sent to me in October, 1883. For eight months she had not been able to use her eyes with comfort, and had much pain over the eyes in head, especially at menstrual period. Dysmenorrhœa. V. $\frac{15}{15}$. No Hm. She could not at that time have an examination made under atropine, so prescribed convex 50 which gave some relief. Her headaches, however, increased in frequency and severity; sometimes being constant over the eyes with nausea, especially in the morning; again there would be a dull feeling extending down the back of the neck; they were always made worse from any use of the eyes, mental worry or excitement. In January, 1884, the test was made under atropine. V. $\frac{15}{30}$. O. D. + 30^c axis 90° V. $\frac{15}{15}$ and lines correct. O. S. + 48^c axis 90° V. $\frac{15}{15}$ and lines correct. These glasses were prescribed though not perfectly comfortable at first. Within a few days, however, they were worn with ease, and

gave relief from all head symptoms. October, 1884, uses her eyes all day without trouble. Does not suffer from the former severe headaches, only occasionally a dull feeling in forehead and vertex from overwork. She only uses glasses for reading or sewing.

Case XV.—Effie H——, æt. 15, had been sick for one and a half years from "nervous prostration and spinal irritation." She had received the best medical advice, but had obtained comparatively little relief. She suffered from headache and much pain in the back, aggravated by any exertion physical or mental, and especially by excitement or use of the eyes. On reading three minutes there would be a blur before vision, followed by pain in the eyes extending to head and back. R. V. $\frac{5}{20}$, L. V. $\frac{5}{15}$. Convex 72° axis 100° made vision $\frac{5}{5}$ in both eyes and lines at first correct, but they soon changed. This was in April, 1884. A further test was then made under atropine, with this result: R. V. $\frac{5}{20}$, + 60° axis 95° R. V. $\frac{5}{5}$ and lines correct. L. V. $\frac{5}{20}$, + 72° axis 90° L. V. $\frac{5}{5}$ and lines correct. Before recovering from the atropine, these glasses were prescribed for constant use, and she was allowed to return to her home in the middle of the State. In October, 1884, her father wrote me that she was still wearing the glasses constantly, and could read an hour with comfort; also, that "the headache is all gone, and her back is a great deal better. It does not ache except when she is tired."

That a still smaller degree of abnormal curvature may cause very decided eye and head symptoms is shown in the next case.

Case XVI.—Lucy E——, about 17 years old, came to my office in November, 1882. For one year had had much pain in the eyes on reading. The eyes were weak, sensitive to light, especially gaslight, which caused redness of the eyes the following day. The lids felt heavy, and she desired to close them. On reading even five minutes, a blur would come before the vision, to be followed by headache over the eyes. Nearly every afternoon had pain through the temples coming and going quickly. V. $\frac{5}{15}$, with slight difficulty; + 144° axis 90° made vision $\frac{5}{5}$ and corrected the slight blurring of vertical lines. These glasses were at once given for both distant and near vision. Immediate relief from headache and all eye symptoms was experienced. October, 1884, she wrote that she was still using the glasses, and could not read an hour with comfort without them. No pain in the eyes, or headache unless she neglected to wear her glasses.

One more case under this heading will illustrate the importance of spasm of the ciliary muscle and the necessity of making an examination under atropine.

Case XVII.—Mrs. B——, aged about 30, was seen for the first time in August, 1883. Was of a nervous temperament, and had for years complained of headache, painful menstruation, and various nervous disturbances. In 1881 an oculist had given her + 36^c axis 90° ⊃ — 48^c axis 180° for right eye, and — 48^c axis 180° for left eye. These had given perfect relief for a year, but when I saw her the old symptoms were returning. There was sharp pain over and behind the eyes extending into the head; drawing sensation as if the eye were being drawn back into the head; pain after sleeping; darting pain down the nose; tired feeling in the occiput; some photophobia; considerable nausea and nervousness; print blurred on any attempt to read. Use of the eyes for near vision aggravated all the symptoms, and she was always worse during menses. R. V. $\frac{15}{40}$, L. V. $\frac{15}{30}$. The glasses she was wearing seeming to improve the vision more than any others, a test under atropine was decided upon. After its instillation for twelve hours R. V. $\frac{15}{100}$, L. V. $\frac{15}{70}$; +16^c axis 90° R. V. $\frac{15}{20}$, +24^c axis 90° L. V. $\frac{15}{15}$, and lines were corrected in both eyes. After coming out from under the influence of the mydriatic it was found to be impossible to completely neutralize the irregular curvature, as the ciliary muscle had so long acted irregularly that it could not relax. +30^c O. D., and +48° O. S., axes 90°, were as strong as could be worn with comfort. These were prescribed for constant use, and after the eyes had become accustomed to them, about five months later, they were changed to +20^c O. D., and +36^c O. S., axes 90°, which have been used to present time with relief from all former symptoms.

Compound Myopic Astigmatism (M. + Am.).—In this form myopia exists in both principal meridians, but it varies in degree. This anomaly of refraction, as can be readily understood, will produce more serious complications than any of the preceding varieties, for we have the "combination strain" from both the myopia and the myopic astigmatism. The former induces overuse of the internal recti muscles, while the latter, at the same time, causes an irregular action of the ciliary muscle. The following cases will show its importance in the production of nervous disturbances:

Case XVIII.—Lucy D——, aged 18, was sent to me in May, 1884, for examination of her eyes on account of severe headaches. For three or four years she had not been able to

study or do any work without producing much headache and pain in the back. For a long time the headache had been constant, but made very much worse from riding in the cars or from any excitement. She was nervous, despondent, and complained of much backache. R. V. $\frac{10}{200}$, L. V. $\frac{15}{200}$. Had been using —10 glasses. Examination revealed a high degree of compound myopic astigmatism, but, as the test was variable, a further examination under atropine was recommended. Two days later it was made, with the following result: R. V. $\frac{8}{200}$, L. V. $\frac{15}{200}$; O. D. —9^s ⌒ —12^c ax. 180°, V. $\frac{15}{60}$, and lines correct; O. S. —14^s ⌒ —12^c ax. 20°, L. V. $\frac{15}{40}$, and lines correct. One week later, she reported that her headaches were relieved while under the influence of the atropine, but had now returned, so that she was suffering when in my office. The following were now found to give the most relief, and were prescribed for constant use: O. D. —12^s ⌒ —12^c ax. 180°, O. S. —16^s ⌒ —12^c ax. 180°. Clearness of vision for the lines had to be sacrificed for ease in the left eye by changing the axis from 20° to 180°. Upon using these glasses for fifteen or twenty minutes in my office, her headache had nearly disappeared. One month later, her mother reported that the result was marvellous. "There had been no headache since wearing the glasses, no pain in the back, and her general health was rapidly improving." The improvement has since continued, I learn.

In this instance, all the astigmatism, but only a portion of the myopia, was neutralized. This is usually advisable, but occasionally all the error may be corrected, as in the next case.

Case XIX.—Mrs. M——, 41 years of age, was seen in June, 1884. She had suffered for many years from headache, and various nervous troubles. About five years ago the following glasses had been prescribed: O. D. —20^s ⌒ —36^c ax. 180°, O. S. —12^s ⌒ —24^c ax. 180°, for distant vision; and O. D. —30^s ⌒ —24^c ax. 180°; O. S. —14^s ⌒ —24^c ax. 180°, for reading. These had given great relief until the past year, when her former symptoms had again appeared. She could not read fifteen minutes without smarting, burning, and aching in the eyes, pain in the temples and back of the head, with pain extending down the spine to the ovarian regions. There was also nausea upon looking at objects when riding. Menses were early and profuse. The test under atropine revealed the following: V. $\frac{15}{200}$. O. D. —24^s ⌒ —20^c ax. 180°, V. $\frac{15}{15}$, and lines correct; O. S. —13^s ⌒ —20^c ax. 180°, V $\frac{15}{15}$, and lines correct. After recovering from the mydriatic, these

glasses were prescribed for distant vision, and O. D. —72' ⌒ —20° ax. 180°, O. S. —20' ⌒ —20° ax. 180°, for near vision. In October she wrote that the headaches and other symptoms were almost wholly relieved, and that she could read for two hours without discomfort. Regular exercise has been followed, and Silicea given internally.

Again, it will sometimes be found advisable to only correct the astigmatism.

Case XX.—Mrs. T—— for years had had ciliary blepharitis, and tiring of the eyes and head upon reading or sewing. R. V. $\frac{15}{100}$, L. V. $\frac{15}{200}$. Her M. was $\frac{1}{18}$ in the right eye, and $\frac{1}{13}$ in the left eye, with Am. in both eyes of $\frac{}{30}$ in vertical meridian. Under atropine the myopic astigmatism was found to be the same; but the myopia was decreased to $\frac{1}{24}$ in the right eye, and $\frac{1}{20}$ in the left eye, thus showing a spasm of the accommodation. —30° ax. 180° were prescribed for constant use, but especially for reading. One month later, she could use her eyes as much as she desired without trouble, and the blepharitis was nearly well. Ung. hydrarg. ox. flav. had been used locally, and Jaborandi administered internally.

Compound Hyperopic Astigmatism (H. + Ah.) is that form of abnormal curvature in which hyperopia exists in both principal meridians, but more in the one than in the other. This error in refraction is of frequent occurrence, much more frequent than is usually supposed; and many of the so-called cases of simple hyperopic astigmatism would prove to be compound were they examined under atropine. The strain upon the ciliary muscle, which especially gives rise to headaches and nervous symptoms, is more pronounced in this variety of astigmatism than in any of the preceding, for we have the constant overuse of the accommodation from the hyperopia in connection with its irregular overaction from the astigmatism.

As examples of this form of anomaly of refraction the following cases are given:

Case XXI.—Mr. J. S——, æt. about 35, came to me in October, 1883. For years he had been subject to severe headaches, aggravated by any use of the eyes. About a year previous to his coming to me, cylindrical lenses of +.36 O. D., and +.48 O. S., had been given, and had afforded him partial relief. Still, the headaches were severe, especially in the frontal region, and were always aggravated on the day following overwork of the eyes in the evening. The headaches seemed to be congestive in character, with heat and flushing of the face. The pain was sometimes heavy, and again "pounding," or sore over the eyes, made worse by motion, noise, or light. The

eyes, at these times, would feel bruised and sore to touch. Sometimes there would be nausea and faintness. An examination, made after instillation of atropine, revealed compound hyperopic astigmatism. The following glasses, which corrected all the astigmatism, and nearly all the hyperopia, were prescribed: O. D. $+48^{s} \bigcirc +36^{c}$ ax. 135°; O. S. $+48^{s} \bigcirc +48^{c}$ ax. 45°. Remedies, as Ruta, Bell., Arg. nit., and Gels., were given for a month or so. In October, 1884, he wrote me: "I have little or no trouble whatever with my head. The headaches have ceased entirely since undergoing treatment for my eyes. Of course I have to wear my glasses constantly, but that to me is of small account when I think of those awful headaches. I can truly say that I never felt better in my life."

Case XXII.—Mrs. V—— had not, for three or four years, been able to use her eyes without pain in them, and severe headache. On reading one day would awake the next morning with a pain in the occiput, and a feeling in the vertex as if it were sinking in. On looking steadily, there would be aching through the eyeball. The test under atropine was O. D. $+36^{s} \bigcirc +36^{c}$ ax. 90°; O. S. $+36^{s} \bigcirc +36^{c}$ ax. 80°. The cylindricals, which only corrected the astigmatism, were advised for constant use. One year later she reported that she wore the glasses constantly with great relief, and that she had suffered from only one headache since wearing them. As the eyes tired soon on reading, $+40^{s}$ were combined with her glasses for reading.

In the above case it will be observed that only the astigmatism was neutralized. This is often advisable in the beginning, though later, when the ciliary muscle has become accustomed to acting regularly, it may be necessary to also correct the whole or a portion of the hyperopia. One case more will show the result of a smaller error in refraction.

Case XXIII.—Miss S—— came for examination of her eyes on account of periodic sick headaches. The pain was severe every week or so, in forehead and temples, accompanied with nausea and vomiting. Did not complain of eyes except of a slight aching occasionally after reading one or two hours or longer. The test under atropine made apparent a compound hyperopic astigmatism, corrected by $+72^{c} \bigcirc +72^{c}$ ax. 90°. Convex 72^{c} ax. 90° were prescribed for constant use. Three months later she stated that the glasses had only been worn for reading, but that her headaches were much less severe and less frequent in occurrence.

Mixed astigmatism is a rare form in which one principal meridian is myopic, and the other hyperopic. Two divisions may be made of this class; in one the myopia predominates (Amh.), while in the other hyperopia predominates (Ahm.).

This form of astigmatism naturally gives rise to more irregular action of the accommodation than any other, thus necessarily involving greater eye strain.

One case of each variety will illustrate its influence on the nerve-centres.

Case XXIV.—Mrs. W—— had been suffering for two or three years from dimness of vision, headache, etc., and had been treated with benefit by an oculist for intraocular troubles. In May, 1884, she came to my office, complaining of headache in the occiput with nausea after long use of the eyes. Often there was pain in the back of the neck extending down the spine. The ophthalmoscope showed some floating opacities in the vitreous, but fundus otherwise normal. R. V. $\frac{15}{70}$, L. V. $\frac{15}{40}$. The test with glasses indicated compound myopic astigmatism; but an examination under atropine was deemed necessary, when the following state of refraction was found: R. V. $\frac{15}{100}$, L. V. $\frac{15}{50}$. O. D. +40^c ax. 90° ⌒ —24^c ax. 180°, V. $\frac{15}{15}$ and lines correct. O. S. +144^c ax. 90° ⌒ —48^c ax. 180°, V. $\frac{15}{20}$ and lines correct. After recovering from the effects of the mydriatic, this prescription was made: O. D. +48^c ax. 90° ⌒ —30^c ax. 180°. O. S. —48^c ax. 180°. These glasses have been worn with comfort and relief from headaches.

Case XXV.—Mrs. F. S—— had for years suffered from severe periodic headaches and sleeplessness at night. Vision was indistinct, and the eyes tired on using them long. R. V. $\frac{15}{50}$, L. V. $\frac{15}{30}$. O. D. +48^c ax. 115° ⌒ —48^c ax. 25°, V. $\frac{15}{15}$ and lines correct. O. S. +72^c ax. 65° ⌒ —72^c ax. 155°, V. $\frac{15}{15}$ and lines correct. Under atropine the test was: O. D. +24^c ax. 115° ⌒ —144^c ax. 25°, V. $\frac{15}{15}$ and lines correct. O. S. +36^c ax. 65°, V. $\frac{15}{15}$ and lines correct. In this case the former prescription was made, as the glasses seemed more comfortable than the latter, after recovery from the mydriatic. They have given her great relief up to the present time, nearly two years, but have not effected a perfect cure for she cannot be induced to use them constantly. A change to the latter test will probably be rendered necessary ere long.

Difference in the refraction of the two eyes is of not unfrequent occurrence, and requires some consideration. Usually it is the same error, but differing in degree; thus there will be hyperopia or myopia in one eye, and the same anomaly in

the other eye, only more pronounced. Again, we frequently observe cases with hyperopia or myopia in both eyes, and in addition to this, an astigmatism in one but not in the other. The difference between the two eyes is not, however, limited to degree, for errors of the most reverse type may be found in the same patient, as myopia in one eye, and hyperopia in the other, or simple astigmatism in one, and a compound or mixed astigmatism of a contradictory character in the other. But we must not conclude from this variation in refraction of the eyes, that there must necessarily be exercised a greater muscular strain, for the patient will not uncommonly learn to suppress the image in one eye, thereby limiting the strain to the least ametropic eye. Sometimes the difference in refraction is even an advantage, as for instance, if there is hyperopia in one eye and myopia in the other, they may use the farsighted eye only for distance, and the nearsighted one for near vision, thus diminishing the strain to the minimum, and postponing the wearing of glasses to a much later period in life. Binocular vision is not always an advantage, though when it can be brought about, with ease to the eyes, our endeavor should be to make the two eyes act together, and thus divide the labor and attendant strain. Theoretically, it would be advisable to always correct the existing errors in both eyes, but practically it is not usually best to do so.

An almost unlimited variety of differences in refraction of the eyes could be given, but two or three typical cases will sufficiently illustrate the class.

Case XXVI.—Bertha V——, 17 years of age, had for years complained of headache, and for one year it had been almost constant. The pain was usually dull, occasionally sharp, and especially severe in the frontal region; it was always better when in the open air. She was very nervous, and the general health was poor. V. $\frac{15}{15}$. No manifest hyperopia or astigmatism could be detected. Under atropine, V. $\frac{15}{50}$. O. D., H. $\frac{1}{48}$ + Ah. $\frac{1}{48}$, O. S., H. $\frac{1}{30}$. Ten days after the above test the following glasses were found most comfortable, and were prescribed. O. D. + 72" ax. 85°, O. S. + 60". Nine months later her mother wrote that the glasses had been worn with great comfort, and her general health had greatly improved, notwithstanding an attack of hay fever.

Case XXVII.—Mabel L—— was brought to me in October, 1884, for indistinctness of vision, pain in the eyes, and lachrymation, especially on any reading or studying, together with some headache over the eyes. R. V. $\frac{15}{30}$, L. V. $\frac{15}{50}$. —50" R. V. $\frac{15}{15}$, —40" L. V. $\frac{15}{15}$. She was using —48 for

distant vision, which gave partial relief, although the eyes seemed to be growing worse. It was also noticed that she held the book much nearer than could be expected in so low a degree of myopia, so paralysis of the accommodation by atropine was recommended. A very material change in the test was then discovered. R. V. $\frac{1}{2}\frac{5}{0}$, L. V. $\frac{5}{1}\frac{}{5}$ difficulty; + 48^{c} axis 90°, R. V. $\frac{1}{1}\frac{5}{5}$, and lines correct in all meridians; — 144^{c} axis 180°, L. V. $\frac{1}{1}\frac{5}{5}$, and lines correct. These glasses were advised for constant systematic use, and Jaborandi was given internally. Four weeks later, being then able to read without any unpleasant symptoms one hour and a quarter three times a day, she was allowed to return to school.

Case XXVIII.—Mr. B——, aged 55, had, for two years, experienced most intense headaches every week or ten days. They would come on in the morning, and continue until the sun went down. The pain would be worse on the left side, and extend to the occiput; it seemed, as he expressed it, "as if the head would go off," from the severity of the pain. The eyes would tire, and the headache be aggravated by reading or writing. There was double vision on looking downward and to the right. A concave cylinder combined with a prism for left eye, and simple spherical for the right, had given him some relief one year previous to my seeing him. R. V. $\frac{1}{2}\frac{5}{0}$, L. V. $\frac{1}{3}\frac{5}{0}$. A careful examination revealed hyperopia in right eye, and mixed astigmatism with paresis of the inferior rectus muscle in left eye. It was corrected by the following prescription: O. D. + 60^{s}, O. S. + 72^{c} axis 45° ⌒ — 144^{c} axis 135° ⌒ prism 1°, base downwards. To this, for his presbyopia, a + 18^{s} was added for near vision. One year later, he reported that he had had no headaches since wearing his glasses. On account, however, of slight tiring of the eyes, his spherical was changed to 48, and his prism increased to 2°.

Presbyopia.

All our attention has hitherto been directed to errors in refraction, which have caused the strain upon the accommodation; but, independent of these errors, we may have disturbances in the accommodation, which will produce cerebral complications. First in order is presbyopia, in which the power of accommodation is diminished by age, as indicated by the recession of the near point, or the desire to hold the book farther away. This is due to senile changes in the lens and ciliary muscle, which render an extra effort of the accommodation indispensable to see near objects distinctly, thus bring-

ing about eye strain. It is a condition that occurs not only in the emmetropic eye, but in all anomalies of refraction. Illustrative of its influence upon the head are the following cases:

Case XXIX.—Mrs. T——, about 55 years of age, was seen in May, 1881, for frontal headaches brought on by using the eyes. Refraction was Em. Pr. $\frac{1}{24}$. Convex 24 were prescribed with relief of headache. In December, 1883, the headache returned. She would awake nearly every morning with pain in the occiput, which would settle over the right eye, with nausea and vomiting. The eyes would smart and burn on reading, soon followed by pain in the head. Rest of the eyes benefited the headaches. Convex 18 were then prescribed, and Sanguinaria given internally. It is now one year, and she writes that she has experienced no pain in the eyes or head since last date.

Case XXX.—Mrs. D——, æt. 52, came for treatment in April, 1881. For four years the vision had been growing dimmer, and the eyes weaker, so that, upon attempting to read even a few minutes, there would be smarting and pain in the eyes, with much nausea. R. V., $\frac{15}{70}$, L. V., $\frac{15}{40}$. Refraction, Em. Pr. $\frac{1}{14}$. The ophthalmoscope showed commencing cataract in both eyes. Remedies were given to check the progress of the cataracts most of the time, until February, 1883, when R. V. $\frac{15}{40}$, L. V. $\frac{15}{30}$. Still she could not read without great discomfort, even with convex 10 glasses, which seemed correct. The cause of this was found to be weakness of the internal recti muscles. The convex 10 lenses were, therefore, decentered inwards so as to obtain a prismatic effect, and thus relieve the strain on these muscles. They gave immediate relief, and, at this time of writing, she is able to read or write as much as she desires, and with comfort.

A second form of disturbance in the accommodation is a so-called "premature presbyopia," or paresis (weakness) of the accommodation. Here we may find a recession of the near point in early life, or even this may not be apparent, as in the following case:

Case XXXI.—Mr. M——, a bookkeeper, had for a long time suffered from daily headaches over and behind the eyes, with dull pain in them. He was nervous and languid. No error in the refraction, with the exception of a very slight hyperopic astigmatism ($\frac{1}{72}$) in one eye, could be detected, even under atropine. Weakness of the accommodation was diagnosticated, and convex 50 were given for his writing. These glasses gave great relief, but he is still under treatment directed to the "toning up," not only of his ciliary muscle,

but also of his general strength. This class of cases may require the aid of glasses for a certain time, but our chief reliance must be placed upon the remedial treatment in the accomplishment of a permanent cure.

The reverse condition to the above is *spasm of the accommodation*. This subject has been well considered in the various anomalies of refraction, so that very little need be said in this connection. Its influence in producing disturbances in the nerve centres has been apparent in a large number of the preceding cases. When its origin can be traced to an error in the refraction, this must first be corrected; but often in these cases, as well as in others in which no trouble of this kind can be discovered, more than glasses will be required. It is often here that the local use of mydriatics will render serviceable aid, or we may place our reliance upon internal medication either specially or generally indicated.

Weakness of the External Ocular Muscles.

It was my purpose to consider in detail the weakness of the recti and oblique muscles in their relation to secondary disturbances, as has been done with the ciliary muscle, but the intended limits of this paper have already been exceeded so that only a hurried glance can be directed to this division.

The internal rectus is more often at fault than all the others combined. When the asthenopic or nervous symptoms are not relieved after the correction of the existing anomaly of refraction, it should be our duty to carefully determine the relative strength of the external muscles. This can easily be done by an examination with prisms. If one muscle should prove to be unquestionably weaker than normal, it may be sufficient to produce the disturbance of which the patient complains; in which case our attention should be turned to the strengthening of this muscle or relieving the strain brought to bear upon it. Correction only of the error in refraction may suffice to accomplish this object, as has been demonstrated in weakness of the internal recti dependent upon myopia. Again we relieve the tension upon the weakened muscle by decentering the lenses as in case xxx., or by the addition of a prism as in case xxviii. It is not, however, always advisable to diminish this strain, but rather endeavor to tone up the muscle so that it will withstand the increased amount of work devolving upon it. This can often be done by systematic exercise with stronger and stronger prisms, so arranged as to only bring into action the enervated muscle; also by the employ-

ment of electricity and internal medication as adapted to the individual case. In some instances tenotomy of the antagonistic muscle is necessary, but these are exceptional cases.

Summary.

In conclusion let me briefly summarize, for the benefit of the general practitioner, the chief points which it has been my object to elucidate in this article, and also state a few deductions which may be drawn from my experience. Headache in any portion of the head, but especially in the frontal region; headache in which the pain may be of any character whatever; headache severe or mild; headache periodic or constant; headache with or without vertigo or nausea, *may* result from errors in refraction. Various nervous disturbances, as mental disorders, insomnia, spinal irritation, general nervousness, etc., *may* be dependent upon the same cause. The physician now naturally inquires, how are we to know that the cause is ocular, and what indications should lead us to send these patients to a specialist for examination, providing we do not care to make the test ourselves? The following general rules are the only ones that can be advanced: When headaches or other symptoms are made worse or brought on by use of the eyes, even though the aggravation is not experienced until the day following overuse, an examination of the eyes should be made. If asthenopic symptoms are complained of after reading, writing, or sewing, even though no direct connection can be traced between these symptoms and the headaches, an examination of the refraction should be advised. In all cases of chronic headaches and cerebral or spinal symptoms, in which the causes are obscure and the treatment obstinate, a careful test of the refraction may discover some error, or at least aid in the diagnosis by excluding the eye as an agent in causing the trouble.

To be positive in the diagnosis of anomalies of refraction, an examination of the eyes when fully under the influence of atropine is necessary. This test can, however, in the majority of cases, be dispensed with if there should be any objection to its use. Correction of the faulty refraction is often all that is sufficient to produce a permanent cure. But frequently, upon the other hand, this correction will only ameliorate the condition, and other treatment will be required to complete the cure. This further treatment may consist of regular systematic exercise of the weakened muscle or muscles, the employment of electricity, the administration of remedies for the local disorder, or, more especially, internal medication directed to the toning up of the

whole nervous system. Myopia more often occasions weakness of the internal recti muscles, while the accommodation is more commonly impaired in hyperopia, astigmatism and presbyopia. Astigmatism, particularly, causes derangements in the nerve centres. It is surprising how low a degree of abnormal curvature will, in some cases, produce the most serious complications; and, again, it is just as wonderful how high a degree may sometimes be present without developing any indications of eye-strain or its consequences. It is not generally advisable to wholly neutralize the full degree of myopia or hyperopia, and even in astigmatism it is not always possible to correct all the irregular curvature, though this should be done as nearly as comfort will allow. Errors in refraction do not as frequently induce secondary disturbances in adults as in young persons, and they cannot usually be as fully corrected in the former as in the latter; for the eye of the adult has become so accustomed to working in an abnormal manner that irregular action of the muscles has become its normal action, and they (the muscles) cannot at once relax sufficiently to accommodate their action to correcting lenses. Therefore, we may meet with a case of headache really due to refractive error, and yet its exact correction will not only not ameliorate, but even aggravate the trouble. In these instances, repeated and careful trials with glasses are very necessary, as oftentimes it will be advisable to only partially correct the error, sometimes to wholly correct, now and then to combine prisms, and again, even an over-correction may be required.

Before closing, let me again say that no claim is made in this paper that all, or even a majority, of headaches, or all headaches or nervous disturbances of any particular type, even though accompanied by asthenopic symptoms and aggravated on reading, are necessarily dependent upon the eyes. I only assert that the eye is a very important agent in causing these secondary disturbances, and should be so recognized. The reverse condition is also just as true, that uterine disorders, cerebral or spinal diseases, and various constitutional troubles, may cause eye complications. The consideration, however, of this latter subject, together with the completion of the one now under examination, by a study of the weakness of the other ocular muscles, and the relation of inflammatory diseases of the eye to cerebral and spinal disorders, must be postponed to future papers, since the intended limits of this article have already been far surpassed.

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MEMORANDA FROM PRACTICE.

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Malarial Typhoid Fever.

TYNDALE remarks that if every miasmatic disease is produced by a *distinct germ*, the same antiseptic remedy will not neutralize it in the blood, because the symptoms with their pathological conditions are entirely different for each germ.

Dr. Klebs goes a step farther, maintaining that most chronic diseases are also caused by different germs.

If this view is correct, we do not gain anything in the practice of medicine by the germ theory. All diseases, as heretofore, will require the strictest individualization, and, according to circumstances, smaller or larger doses.

The only advantage of this germ theory will be, that by close study of an epidemic, with all its phenomena, certain definite remedies will be discovered which will more rapidly arrest the disease. In other words, diseases will in this way be more treated as a whole. Isolated symptoms, and particular remedies for them, will be less regarded than the whole character of the epidemic itself and its most characteristic symptoms. This will not exclude constitutional treatment for other states afterwards.

A skilful homœopathic physician had attended for some time a serious case of malarial typhoid fever without success, when I was called in to see the case. There was great dryness of the tongue, with yellowish-brown coating, fever remitting towards evening, soreness in the right as well as left iliac region on pressure, sopor and delirium. I proposed Hyoscyamus, and afterwards Baptisia, one after the other, both in the first dilutions. The effect was wonderful. Each of these remedies removed the dryness and cleared the tongue of its yellowish-black coating in two days. All the other symptoms also improved. But the third day the tongue was as dry as ever, and the sopor and the other alarming symptoms returned. The same remedies failed entirely.

Here I thought was a case for antiseptic homœopathic treatment, and gave Sulphurous acid 60 drops in a tumblerful of water, one teaspoonful every hour. The next day, the dryness and black coating of the tongue disappeared almost entirely, as well as the soreness in the iliac regions and the sopor and delirium, and did not return. The patient was

convalescent. In Braithwaite's *Retrospect*, ten similar cases are mentioned as having been speedily cured by the same remedy.

Many other cases might be detailed where Sulphurous acid has been of great service to me when the above symptoms were present. The question has often been asked of late, whether these germs are the result of the miasmatic poison or the actual disease itself. As yet, this has not been determined to any positive degree of certainty. Very close observations must finally unravel the mystery.

Diseases of the Bronchia and Lungs.

There is a class of diseases where post-mortem examinations, auscultation, and percussions of similar cases, have given us definite proof of the actual pathology, causing a variety of symptoms.

Such cases are the numerous progeny of bronchial affections and tubercular diseases of the lungs.

Since treating these cases by the symptoms, as well as the decided pathological indications, as far as they could be discovered, the cures were uniformly more permanent and reliable. This refers particularly to the first and second stage of diseases of the lungs. In the last stage no treatment will avail.

In most of these cases, hygienic and dietetic measures were combined with the remedies, to which also the greater success is to be attributed.

What Hahnemann calls antipsoric remedies, must be chiefly relied on in chronic diseases of the lungs. For want of a better and more appropriate name, we may as well adopt this. After all, it means remedies having a tendency to destroy the chronic miasma lurking in the system. In this respect, the genius of Hahnemann enabled him to be a seer. He felt and knew that these remedies penetrated deeper into the hidden recesses of the organism. He accordingly proclaimed it to the world.

Our modern homœopathic authors, overlooking this fact, gave all remedies equal rights, provided their action met the symptoms of the respective cases. This is the chief reason why certain remedies often fail in eradicating some chronic diseases. They only cover symptoms, leaving the actual pathological state, on which these symptoms depend, unaffected.

The most prominent remedies in bronchial and lung affec-

tions are Iodium, Kali hydroiodicum, and Kali brom. The first is more useful in persons of dark complexion, whilst the latter is more beneficial in blondes with blue eyes.

Iodium is particularly useful if there is constant tickling in larynx and *trachea*. Both these remedies, if continued for some time, will gradually remove the dull sound on percussion in both lungs, and also restore the natural respiratory murmur.

In decided tuberculosis, Oleum jecoris aselli (Norwegian) will be of great advantage in all cases, and remove the pain and soreness in both lungs. Calcarea phosphorica is the constitutional remedy for the lungs if there is no fever. If the latter already exists, Calc. hypophos. will be preferable. Ferrum iodatum will be applicable in anæmia, and if induration of the uterus, with prolapsus, is conjoined with diseases of the lungs.

There are also special practical indications for the employment of the following remedies, which have been confirmed in many cases:

Laurocerasus, if the cough is very dry and hard, caused by a tickling in the pit of throat, and also *centre of chest*, and if there is lung fever.

Phosphorus, in dry coughs, with hoarseness, not particularly characterized by tickling, but by soreness in the chest and abdomen during cough.

Squilla maritima, if the cough seems to proceed from the lowest ramifications of the bronchial tubes, with wheezing in the lower part of the lungs.

Opium and Codein., for incipient irritating nightly cough.

Sticta pulmonaria, hard barking coughs, issued by every inspiration.

Cimicifuga racemosa, for tickling cough from the larynx, with pain in the right lung through to the back.

Senega, for stitches in the *left* lung through to the back, with soreness to touch, and aggravated by deep inspiration.

Nitrum, for sharp pain in the upper part of right lung, shooting through to the back, without cough.

As a general rule, in all bronchial and lung affections the lower dilutions or triturations are to be preferred. In very sensitive patients these preparations sometimes caused decided aggravations, and the 30th and even higher dilutions had to be substituted. I have attended some families for years where only such dilutions were found beneficial.

A CASE OF DOUBLE GENU VALGUM.

SUPRACONDYLOID FEMORAL OSTEOTOMY (MACEWEN'S).

BY WILLIAM B. VAN LENNEP, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia Medical Club.)

IRENE G., aged five years, was brought to the dispensary of the Hahnemann Medical College, April 24th, 1884, with marked knock-knee.

The deformity, the extent of which may be seen in the accompanying woodcut (Fig. 1), was due to a curvature in each femur, one in the upper third of the right tibia, enlargement of the internal condyles, and a compensating varus of both feet.



FIG. 1.—April, 1884.



FIG. 2.—October, 1884.

We had, in short, a case of rickets. There were no curvatures of the upper extremities, nor enlargement of the epiphyses of other long bones; the chest, however, was cone-shaped, bulging out below to merge into the usual "pot-belly," the teeth were rapidly decaying, the flesh was flabby, and the child slightly anæmic. Further, her brothers and sister presented more or less marked symptoms of the disease, while the mother was knock-kneed, and had worn braces as a child.

Locomotion was well-nigh impossible, the deformity had

been at a standstill for over a year, there were no bone or joint-pains, and braces had been tried in vain. The general health was good, the functions of the body normal, physical examination detected no heart or lung trouble or enlargement of the liver or spleen, while an analysis of the urine gave negative results.

Everything, then, seemed to point favorably to an operation, and so, through the kindness of my chief, Professor C. M. Thomas, I undertook, before the class, on May 7th, to correct the deformity. I performed Macewen's "supracondyloid osteotomy" on both femora, following carefully the directions he gives in his excellent work on the subject (Macewen, *Osteotomy*, London, 1880).

Anæsthesia being induced, the limb was rendered bloodless, the part washed with soap and water, and sponged with Carbolic acid solution (2½ per cent.). Continuous irrigation with the same was used instead of the spray.

An incision was made "where the two following lines bisect one another: a line drawn a finger's breadth above the level of the upper border of the external condyle, and a line drawn parallel to and half an inch in front of the tendon of the adductor magnus." It was carried directly down to the bone, and readily admitted the finger, along which the osteotome was passed, the cutting edge longitudinally to the long axis of the bone, and turned transversely, care being taken to avoid scraping the periosteum.

The instrument was then driven through the femur with a mallet, from the posterior inner surface to the anterior outer, and from the anterior internal to the posterior external.

The right femur was thickened and very hard, and I removed the osteotome twice, and tried to break the bone, but was obliged to re-introduce it to complete the section. On the other side I found no difficulty in judging when to remove the instrument, readily producing a green-stick fracture with my first attempt. The break in the former bone was complete. In neither instance did the biceps tendon offer any obstacle to a complete reduction of the deformity or accurate apposition of the fragments.

Macewen claims the operation should be bloodless. I found, however, on one side (right) a large vein which bled very freely, and on the other, where the incision was carried a little farther forward, two arteries which spurted quite briskly.

A carbolized sponge was placed over each wound, firmly held in place by turns of a disinfected roller bandage, and the

child removed to the ward. The arteries were then twisted, the vein inclosed in one of the sutures, and the wounds sewed up with catgut. The parts were thoroughly cleansed with the carbolized water, sprinkled with iodoform, and dressed with iodoform gauze, then carbolized gauze, over this "Billroth battist," and a gauze bandage; finally, an external straight splint.

On the third day I substituted a Hamilton splint with posterior pieces running up as far as the gluteal fold, and changed the dressings. The wounds showed no reaction.

The aftercourse, for ten days, was truly antiseptic, until the 17th, when the temperature suddenly rose to 104.6° and the child was evidently seriously sick. All dressings were, of course, removed, and the wounds carefully examined. They appeared perfectly healthy; the clots between their lips seemed to be organizing, and there were but two drops of pus alongside of one of the sutures on the left limb. I feared and sought for intercurrent disease, but all to no purpose; the child complained, however, of pain in the right femur at the seat of fracture, and two days later the wound opened and discharged a small quantity of thin sanious pus. The sinus thus formed was carefully syringed, and with the probe rough bone could be felt at the bottom.

Things went on from bad to worse, with high fever, sweating, diarrhœa, local redness, swelling, pain, etc., until fluctuation was detected externally and posteriorly. I incised this on June 1st, letting out about four ounces of unhealthy pus, and with the finger found bare bone and an overlapping of the fragments. This displacement was undoubtedly due to the biceps-tendon, which was made tense by the abscess. The two ends were carefully approximated, the cross-piece removed from the splint, brackets attached to the right side, so as to leave an opening opposite the new sinus, and each limb put up separately. Carbolized water ($2\frac{1}{2}$ per cent. solution) for syringing and iodoform gauze dressing were found to agree the best, and have been used throughout the treatment.

The child was sent home early in July, when the hospital was closed for repairs. At that time the sinus in the original wound had healed, but there were five openings on the outer side of the thigh. The bone was very much thickened. The left limb gave but little trouble, healing, ultimate bone-union, and joint-function being perfect. When passive motion was begun, aside from the pain caused by breaking up a

few slight adhesions, all the trouble was at the seat of fracture. Here were developed pain and inflammatory swelling and redness, which readily yielded, however, to warm applications and Bell.

Braces were made for her with a lock behind the knee, and an elastic band to draw the same outward. They have worked admirably. Several remedies were used as indicated, and after her return home, I waited to see just how much the change in residence would affect the local mischief. I then put her on Silic., and have given it three times daily ever since. To my mind, the drug has done what country air, diet, and local treatment had failed to accomplish. Improvement was immediate and continuous. At the date of the present writing, four of the sinuses have closed, the fifth barely admits a probe, and it is only at times that a little rough bone can be felt. Both femora are equal in thickness. The child is in excellent health, walks well, and flexes both legs freely, the slight deformity seen at Fig. 2 being due to the curve in the right tibia.

Before discussing the result, let us briefly consider the operations for genu valgum. They may be divided into the bloodless and bloody.

Of the former we have:

1. For mild cases and early, gradual straightening of the limb by braces with screws or elastic bands. Attention to the hygiene and the appropriate remedy are often alone sufficient.

2. *Redressement forcé.* Here, of necessity, the external lateral ligament is more or less completely ruptured, and the gap between the separated joint-surfaces must be filled, during fixation, by atrophy of the inner, and growth of the outer condyle. Non-union of the ligament, anchylosis, or epiphyseal separation are to be feared.

3. Fracture of the tibia with Rizzoli's osteoclast. This deformity is usually the minor one, is too high up to allow of good purchase, and the same results may follow as in *redressement forcé.* Both methods are better adapted to genu varum than to valgum in any degree.

The bloody operations are those on the tibia, those on the condyle, and those on the femur.

Should a marked tibial curve be present, the bone may be broken, after removing a wedge from its inner surface, or partially cutting through one or both bones of the leg.

The chisel (for wedges) and the osteotome (for sections) are

far preferable to the saw, which produces dust, and favors the ingress of air.

The enlarged internal condyle has been variously treated:

Annandale resected the joint, removing a portion of the internal condyle and a small piece of the external. The limb was straightened, but anchylosis resulted.

Ogston flexed the limb completely, introduced a tenotome about three inches above the tip of the internal condyle, passed it forward and outward, until it was felt in the intercondyloid space, and cut the soft tissues to the bone as he withdrew it. He then sawed the condyle nearly through, and separated it by forcibly straightening the limb.

Reeves followed "Ogston's line," but substituted the osteotome for the saw. He cuts short of the joint, and claims that the cartilage will bend, and no opening result when the condyle is displaced upward.

Chiene removes a wedge from the upper inner surface of the condyle, the apex being directed downward and inward, and then, as it were, folds it on itself.

Lastly, operating on the femur, Kocher took out a wedge from its inner surface, Langenbeck and Billroth sawed it partially through, Pancoast drilled several holes into it, and Macewen cuts it with the osteotome.

Annandale's operation is obsolete; Ogston's, Langenbeck's, and Billroth's, and Pancoast's have the disadvantage of the saw and dust; Kocher's wedge is unnecessary. Theoretically, Chiene's would be the ideal operation *on the condyle*. It is difficult, requires great practice and nicety of judgment, and we should, the results even being equal, choose the simpler procedure. The joint, too, may be opened directly or by fracture. As a matter of fact, it has been but very little used.

Reeves's plan has many followers, and has, undoubtedly, given good results. The objections to it would seem to be, the danger of snapping the cartilage as the condyle is displaced upward, with roughness resulting from the sharp end of bone left behind, and the callus thrown out. Further, the close proximity to the joint in case of complications, and the fact that this method does not correct the deformity any better than femoral osteotomy, even if the curve be the minor element. Partial or complete anchylosis has resulted from these causes, and this must outweigh a large number of successes. Macewen's operation, on the other hand, is more easy of execution, accomplishes as much at least, is above the epiphyseal line, above the ligamentous attachments, and does not endanger

the joint. Lastly, his statistics are convincing; he states, in a paper presented to the International Medical Congress (*Lancet*, September 27th, 1884, page 536), that he has, up to July 31st, 1884, performed 820 osteotomies for genu valgum, the supracondyloid operation being used alone in 810 instances. In eight cases suppuration took place; the deaths were five, none being due to the operation; there was but one slight relapse. Further, in answer to a circular addressed to all the hospital surgeons in Britain, he has learned that thirty-three have followed his method; that they have operated on 580 limbs; that there were five deaths, three of which were not credited to the operation; that anchylosis resulted twice, and relapses four times.

To what, then, may have been due, in my case, the complications?

1. The age of the patient. It is usually advised to wait until ossification is more advanced, and the rickety bone has had abundant time to become hard. I did not feel it was right to let the child go on in her helpless condition, or get worse, inasmuch as braces had been faithfully and intelligently used for two years, and had neither improved nor arrested the deformity, or even rendered locomotion possible.

2. The presence of the diseased process. This must have extended to the seat of fracture, as shown by the harm done the left femur by passive motion. Everything was more marked on the right side, and we might have expected more serious trouble, but the pathological changes were much older, the bone much harder, and we must infer that the trouble was at least on the wane. Further, there had been no change here for over a year. If I operated too early, it was on the left femur.

3. Laceration of the periosteum from the reintroduction of the osteotome and the production of a complete fracture, possibly imperfect coaptation or fixation of the fragments, and splintering. I was on my guard and used great care in reintroducing the osteotome, but harm may have been done. The harder the bone, the more apt are we to have a complete fracture, a result at least not to be desired; splintering, too, will be likely to occur under the same circumstances, and in both instances there will be a greater laceration of the periosteum. On opening the abscess, however, I found a transverse break, with smooth ends and no sharp spiculæ; at no time subsequently have any bits of bone been discharged. Such splintering does occur and may be dangerous, as shown in a case

of Mr. J. Langton's, St. Bartholomew's Hospital, London, where the popliteal artery was wounded by a spicula of bone, with resulting gangrene, amputation, and death. (*Lancet*, American Reprint, June, 1884, p. 441.) I coapted the fragments very carefully, paying especial attention to the biceps tendon, with a view of dividing it if necessary. When the splint was changed on May 10th, no displacement could be made out, and it was not until the abscess was opened that such a condition was found to be present.

4. There is the fact that, in spite of every precaution, we had undoubted septic complications in this ward during the month of May.

Lastly, I congratulate myself on having chosen this operation, for, in spite of all this trouble, the joint has not suffered except from being kept at rest.

I do not feel that we can dismiss this important subject without looking into the pathology of rickets or rachitis and of allied affections, as well as some of the causes and conditions to which it is due.

The clinical manifestations are familiar to every one: The large head, with occasional so-called craniotabes; the small face, overhanging brows, prominent upper jaw, and decaying teeth; the conical or chicken-breasted thorax, with its "rachitic rosary;" the prominent abdomen, twists and bends of the spine, and changes in the pelvis, so dangerous in after-life to the female; the enlargement of the epiphyses and curves of the bones of the upper and particularly the lower extremities, with the deformities of the foot dependent on them, or, according to some authors, due to rickets alone. These deformities may be caused by weight: in the lower limbs, from walking, or, some anterior curves, from the position of the child on the lap; in the arms, from creeping; in the pelvis, from the superincumbent body, while the intestines expand both the ilea and the lower thorax. Occasionally they may be brought about by muscular action, as in the bend often found opposite the insertion of the deltoid muscle. The costal nodes and enlarged epiphyses are due to excessive preparation for bone-formation. Following these changes are albuminoid degenerations of the internal organs, producing, with the condition of malnutrition, the diarrhœa and wasting which often precede death.

Rickets is essentially a disease of childhood, coming on at the end of the first and beginning of the second year. The few instances of deformity found at birth are either doubtful

as regards their pathology, or are the rare exception which rather tends to prove the rule.

There are, however, curvatures appearing during adolescence, at the time of rapid growth. Macewen (*op. cit.*) and Miculicz, formerly of Vienna, have especially called attention to this form, and the latter has shown conclusively, from sections examined under the microscope, that the histological characters are closely allied to those found in children. Such a condition will be preceded by some prostrating disease, as one of the exanthemata, followed by a poor recovery, some chronic complaint, or bad hygiene and unhealthy surroundings. The exciting cause would, then, seem to be anything interfering with nutrition; so it is in childhood.

Heredity, in the ordinary acceptation of the word, is still a doubtful factor in the causation of rickets, although it certainly has an influence. In one instance, for example, of supposed paternal culpability, conception took place while the father was recovering from an attack of pneumonia. The condition of the mother is more important. The large majority of such children are the offspring of multiparæ among the poorer classes, hard-working and overcrowded; the first may be healthy, but the disease appears and increases with each successive child as the mother gets run down. Again, a woman may bear one or more sound children, become prostrated by sickness, conceive during convalescence and give birth to an infant which develops rickets. Later on, having regained her strength, her offspring will be healthy. In my case the mother had rickets, and all her children show some manifestations of the disease, but the degree seems to have been dependent on her varying state of health.

Before taking up the histological characters presented by rachitic bone, it may not be amiss to fix in our minds those of normal osseous development.

On examining under the microscope the cartilage and ossifying border in a section from one of the long bones of a child, we will find at one end, the hyaline cartilage; next, the cells multiplying and arranging themselves in rows parallel to the long axis of the bone and separated by narrow strips of the matrix. Farther on, the latter becomes dark and granular from calcareous deposits, the cells increase regularly in size, and, finally, in their place appear round ones, which, together with bloodvessels, make up the marrow. Among these cells are some termed osteoblasts; these attach themselves to the calcified cartilage and form bone around them, retaining for

themselves cavities, the lacunæ. The matrix is, in this manner, gradually eaten away.

The point to note especially is the distinct, straight, transverse dividing line between the different stages—the cartilage, the multiplying zone, which has macroscopically a bluish appearance, and the calcifying layer, yellowish in color, passing abruptly into the medullary. Further, that there are distinct steps or stages in the formation of true bone from cartilage, not a direct transformation of the latter into the former.

A similar process is found in bone developing from membrane or from the periosteum, under which will be found the round cells, bloodvessels, and the osteoblasts, forming bone in like manner.

In rickets everything is there, but everything is out of place and exaggerated. There is no uniformity, no method, no distinct, straight, transverse dividing lines,—a large mob as contrasted with a small well-drilled body of men.

The multiplying zone is especially increased, the cells are too numerous and too large, the variations in size, proliferation and arrangement are without system or order. Calcification of the cells and matrix takes place here and there in spots, not evenly and gradually increasing. The medulla is developed irregularly, the bloodvessels appearing even in the midst of the cartilage; bone is formed by the osteoblasts, and, apparently, directly from cartilage cells, isolated nests or islands of which may be found surrounded by osseous or, at least, calcified trabeculæ. Viewed with the naked eye, the blue layer is very much increased and presents zigzag edges; so with the yellow zone, while spots of the same color appear in the bone farther on.

An analogous condition will be found under the periosteum, *i.e.*, multiplication of the round cells and osteoblasts to such an extent that the whole was formerly taken for a blood-clot. Bone is rapidly formed and more than compensates the absorption going on internally for the development of the medulla; hence the thickened shaft, which lacks compactness, however, is soft, and the limb curves in consequence.

After the cessation of the diseased process, this overproduction does not disappear, but becomes excessively hard and even ivory-like. Scrofulous or, better, tubercular disease is usually associated with joint lesions of unmistakable character. If alone, there will be a rarefying ostitis with caseous degeneration, and distinct tubercles in the granulation tissue.

Osteomalacia occurs during adult life; it is due, like rickets,

to malnutrition, but the most important predisposing causes seem to be pregnancy and insanity. In the bones of old people, the animal matters are deficient and they become brittle; or, again, the medulla may be increased at the expense of the shaft (atrophy of old age). In either case fractures are readily produced. In osteomalacia, on the other hand, the lime salts disappear, and that, at first, next to the medullary spaces. The result, as in rickets, is curvature, often to an incredible degree. When the process is far advanced, sections for the microscope may be made at once, but should maceration in dilute acid be necessary, the central portions decalcified artificially can still be distinguished.

Osteomalacia and rickets cannot of necessity coexist; tubercular disease may and does, and so it is with syphilis. The latter, however, cannot be assigned as a cause for rickets, which occurs to a prevailing degree in towns where syphilis is quite rare (Macewen). The so-called craniotabes of rickets is due to pressure, usually external and internal combined, upon a soft bone; that of syphilis to localized periosteal inflammation, with thickening and softening. The gummatous lesions and the inflammations resulting in thickening and induration need not be considered, so that we can confine ourselves to the osteochondritis of the hereditary form. This develops only during uterine life, there being, to my knowledge, no instance to the contrary. The changes are due to great preparations for bone-formation, as in rickets, but the histological appearances are different. There are three stages (Coats), viz.:

1. An enlarged zone of calcified cartilage (yellow), with irregular borders and very numerous cells, which contain lime salts as well as the matrix.

2. This layer increases in size, bloodvessels appear in the cartilage, and dense fibrous tissue is developed; the whole may now be transformed into hard and dense bone; or

3. We may have a third stage with enlarged blue zone, yellow one as above, and, beyond, a layer of granulation tissue and pus, caseous degeneration, shrinking of the cartilage cells, and ready separation of the epiphyses at the inflamed point.

BODY AND MIND.

BY JAMES KITCHEN, M.D., PHILADELPHIA, PA.

THE great advance in the knowledge of the functions of the brain, within a few passing years, has been truly wonderful. Science has made more or less clear what formerly was occult

and under the domain of imposition and ignorance, being the property of necromancers and jugglers. So perfect and accurate are the intimate relations between body and mind, that, generally, we ourselves are unconscious of the very subjects of its action, and perfectly ignorant of the existence of any such connection. In the action of the heart, for instance, some have no idea or feeling, in the usual phases of their lives, that they have a heart, so calm and quiet is it day and night, waking or sleeping; and yet, occasionally, how violent and perturbed is its action when influenced by emotions and passions of various kinds. The heart has its own nerves, and also branches from the pneumogastric and sympathetic; effects of joy, sorrow, fear, and anguish, and the various passions play upon it. Under the influence of these emotions the heart is variously affected; it is slowed by fear and stimulated by joy; it is chilled by anguish and quickened by hope; the pallid countenance and the flushed face reveal the action of mind upon the body.

Some curious instances of the effects of ill-governed rage, of violent temper and of fear upon the body are recorded in medical works. Dr. Andrew Combe relates a case in which a soldier was billeted in the house of a carpenter and having quarrelled with the latter, drew his sword to attack his host. The wife of the carpenter interposed, and in an excited state, wrenched the sword from the soldier and broke it in pieces. While under this strong excitement the woman took her infant out of the cradle, where it lay cooing in perfect health, and gave it the breast. In a few minutes the infant became restless, panted and sank dead upon its mother's bosom.

The same effect takes place among the lower animals. Cases are recorded of puppies dying after sucking their mother after the latter had been engaged in a fight.

Another illustration of the intimate relationship of body and mind is the watering of the mouth upon the sight of a dainty morsel or inviting food; the opposite effect is produced by dread or fear. A case of this kind is shown in the Indian method of discovering a thief. The Priest or Medicine Man, who presides at the ordeal in question, necessarily by his mere presence, induces in the mind a superstitious horror of the discovery. The suspected, being seated and duly warned of the infallibility of the procedure, are furnished each with a mouthful of rice, which they must retain in the mouth a given time. At the expiration of the period, the rice is examined, when it is generally found that in the case of the guilty person, the morsel is as dry as when he received it,

while that of the innocent is duly moistened. This feeling of conscious innocence would tend to promote the flow of saliva, while that of guilt would produce the contrary effect.

When worried and vexed the common saying of the people is that they are out of sorts, and John Hunter said there is not a natural action in the body, voluntary or involuntary, that may not be influenced by the peculiar state of the mind at the time. It is well known that he, in an excited controversy with one of his hospital colleagues, fell dead in one of the wards.

Jaundice has been brought on by care and anxiety. Cases have been recorded of students suffering by this affliction, arising from anxiety and fear before an examination before the Censors Board of the Royal College of Physicians. If care will kill a cat, though it have nine lives, and if too much care will make a young man gray and turn an old man to clay, it may be certain the violent emotions and passions will effect the system more lastingly and disastrously. John Hunter noted that the hen in the raising of her offspring kept her body lean and meagre, but if her chickens are taken from her she will soon get fat. Substitute in these cases the worry and anxieties of business and every-day-life troubles, and the picture is unmistakable. Fear and care are also noticeable in their actions on the skin and hair. Medical histories can show many Prisoners of Chillose so well described by Byron, which is no fanciful case. In times of peril and threats of invasion, numerous cases of a sudden change of the color of the hair have been recorded. Dr. Laycock mentions a case of severe neuralgia occurring at night from fright, found in the morning that the inner portion of the eyebrow and eyelashes had become white; he also asserts that the natural grayness of old age is connected with certain changes in the nerve centres, and connected with the hair bulbs.

Dr. Tuke relates the case of an old gentleman who had such a thorough disgust of George IV. of England, that he threw up a lucrative situation under the Government, made his son do the same, and made him and his wife go to America the land of freedom. Six or seven years after their departure, a friend living in New York gave an excellent account of them. They were very prosperous and the old lady had cut a new set of teeth (?), and her old white poll was covered with a luxuriant growth of dark brown hair.

An English physician says that lectures delivered to medical students frequently produce unusual mental stimuli upon their bodily feelings, and in cases where specific diseases have not

only simulated but actually induced diseased symptoms. He gives a case of a fellow student, who, after hearing a description of what is usually called the Scotch fiddle (itch), was so influenced that a persistent itching was felt between his fingers, the result of the morbid mental influences to which he had been subjected. Students often fancy they have the very diseases which they hear described by their teachers, and the heart generally comes in for its full share, and it is almost impossible to persuade them otherwise, and that such is not the case. If it is found that the influence of the mind and its imaginings may induce diseases, it is no less certain that a like action may in some cases cure disease. Fright especially has made its cures in gouty and rheumatic invalids. We all know the effect of going to have a tooth extracted, the pain ceasing on entering the operating room. The faith cure may come in here in chronic cases, the mind exercising its will power. Luther taught that if a man had faith, he could accomplish anything, even commit any kind of sin without guilt.

The charming away of chills and fevers and of warts seems to come under this category. I have come across several cases of this kind. Old women often possess this faculty. Even in the time of Lucian, such female practitioners were successful in such cases. Dr. Tuke gives a case in point in which, through the imagination, even in a cultured person, the growths in question (warts) were made to disappear. A surgeon's daughter had about a dozen on her hands, the usual modes of treatment having availed nothing in their removal. For eighteen months they remained intractable, until a gentleman, noticing the disfigurement, asked to count them. Carefully and solemnly noting down their number, he then said: "You will not be troubled with your warts after next Sunday." At the time named they had disappeared and did not return. Now, here the connection between the imagination of some occult or mysterious power and the cure, was too close to leave a doubt that, as in other cases of bodily ailment, the mind, which so frequently affects the body to its hurt, had in turn favorably influenced the physical organization. No less a personage than Lord Bacon himself had a similar cure performed upon his hands, by the English Ambassador's lady at Paris, who, he adds, was a woman far from superstition. The lady's procedure certainly betokened a belief in some effects or influences, for Bacon tells us that, taking a piece of lard with the skin on (why did'nt he say Bacon?), she rubbed the warts all over with the fat side, and among the growths so treated was one he had

had since childhood. Then she nailed the piece of lard with the fat side towards the sun upon a post of her chamber window, which looked towards the south. In the course of five weeks all the warts disappeared, and that great wart which he had so long endured for company. The miscellaneous substances used in wart charms and incantations of like nature, at once reveals the fact of the real cure lying in some direction other than that of the nostrum; beneath the material substance unconsciously used as a mere bait for the imagination, the forces of mind operate through the medium of the nervous system.

Some ten or twelve years ago there appeared in Philadelphia a Dr. Newton, a celebrated animal magnetist; he made the blind to see and the deaf to hear, the rheumatic and the gouty came on crutches and walked away without them. I went with a young man whose hands were full of warts, and unrelieved by medicine; he blew his breath on them and made several passes with his hands, and told him that in three weeks there would not be a solitary one left; this was so, for within that time they had all disappeared. In the above eye, ear, and rheumatic cases there were frequent, and many say, almost constant relapses. The relief afforded by his magnetic influences over these patients was certainly very wonderful, but at the same time, their hope and will power, under faith, had much to do in the result.

In conclusion I would state a case which happened to me over fifty years ago. A merchant of a very nervous temperment and gouty heritage, upon retiring from business, purchased a dwelling house. Upon occupation he fancied he had paid too much for it; this preyed so much upon his mind, that he had no rest by day nor sleep by night; it brought on an intense itching all over his body, and in a short time a severe attack of ichthyosis, which tormented him for upwards of six months.

UNIFORMITY VERSUS CHEMICAL PURITY IN HOMŒOPATHIC PREPARATIONS.

BY AUG. KORNDOERFER, M.D., PHILADELPHIA, PA.

One of the most important features in the practice of medicine, next to a thorough knowledge of disease and its treatment, is a thoroughly reliable stock of drugs. By the expression, "thoroughly reliable," as here used, is not meant the so-called C. P. drug-salts of the old school, nor their most

carefully prepared tinctures, etc., all of which, though most beautiful samples, and examples of what chemical skill can do, may be as far from what we need, as the most imperfect preparations could be.

Let me not be misunderstood by this as winking at any inaccuracy or carelessness in the preparation of drugs, but rather let me be understood as meaning a most careful yet simple manner of preparation, such as that adopted by Hahnemann, and taught in his writings. He advocated that, so far as possible, the physician should give personal attention to the preparation of his drugs; and, to the accomplishment of this object, he taught that drugs should be prepared in a manner at once simple and inexpensive, easily learned and performed. Thus, we find, in the introductory remarks to Kali carb., *Chronic Diseases*, vol. iv., page 1, that Hahnemann, after giving directions for its preparation, says in a foot-note: "For our purpose, this will be a sufficiently pure Kali carb. I wish this once for always to call attention to the fact that drug substances for homœopathic use should, whenever it is possible, be prepared in the most simple and untechnic manner. Therefore, I have given directions, through which every physician may, at any place, secure the same substance. On this account, which, to me, was the most important (and not simply for the purpose of escaping all appearance of ostentation and puristic pedantry which here would be out of place), I was compelled, as far as possible, to avoid directions which would involve, in order to attain absolute chemical purity, delicate chemical operations with expensive apparatus."

Having, through my early teachers, held such views, I was led to carefully examine the preparations sold by our pharmacists. It is a self-evident fact that want of accuracy in drug-preparation must lead to frequent failure in practice, thus militating not only against the individual physician, but secondarily against our school. This leads to an important query: Can the physician, who has the cares of a large practice, find the time for such personal attention to the preparation of his medicines, or may he trust a pharmacist in such an important matter? After seventeen years' experience in the use of homœopathic preparations, as well as alcohol, sugar of milk, and other accessories to prescribing, I am fully convinced that we may so trust at least one firm, and I do not doubt but that others equally trustworthy prepare and sell homœopathic medicines. I refer to our Philadelphia pharmacists. Profiting by their standing invitation to physicians to visit their manu-

facturing department, I have more than once called unexpectedly that I might see things in their every-day dress. I can only say that the establishment is one to be proud of. Cleanliness, neatness and accuracy may almost literally be seen impressed upon everything pertaining to the preparation of medicines. Isolation of medicines during the progress of trituration, accurately made machines, thoroughly trained workmen, and close personal supervision by the members of the firm, all converge toward the one great aim,—*i.e.*, the purity of preparation.

The refining and grinding of sugar of milk is conducted in apartments separated from the drug room. Distilled water is prepared in a separate room. The trituration of offensive or strong smelling drugs is conducted in a separate room. The mortars are protected by glass-covered casings. The alcohol, used in the preparation of tinctures and dilutions, is of the purest made in this country, no chemical means whatever being used in freeing it from impurities. Here I would offer a word in regard to alcohol. Much is written, and much more said, regarding the quality of alcohol used by the various pharmacists. Great stress is laid upon this article as a leading one, by the absolute chemical purity of which, the pharmacists' reputation for reliability must stand or fall. Yet, I doubt not, the homœopaths of half a century and more ago were obliged to use alcohol of a quality certainly no better than that supplied us to-day, still they found the specific action of medicines nicely marked in the 6th, 12th and 30th potencies. It appears that some of our pharmacists and physicians are "trying on" a little of the ostentatious "puristic pedantry" against which we have been cautioned by Hahnemann. Again, the query is pertinent: What medicinal preparation and potency must result during the process of manufacture of alcohol, from the addition of such chemicals as soda-ash, "which, when of good quality, contains from 48 to 52 per cent. of anhydrous soda, Na_2O, partly in the state of a carbonate and partly as hydroxide, the remainder being chiefly sodium sulphate and common salt, with occasional traces of sulphite or thiosulphate, and also cyanide of sodium?" Can all these or any of them be again eliminated after the alcohol has once been acted upon by them? Or, have we but a potency of one or all of the ingredients of the best soda-ash? We certainly are not benefited, if, in thus getting rid of some of the ingredients found in the older makes of alcohol, we have but added new elements of uncertainty. Let us rather bear in

mind, and conscientiously seek to attain that sameness of character in the drug substance, which makes the latest preparation a true *idem* of the original; then, and only then, can we hope for like results in the therapeutic applications based upon old provings of any given drug.

Curative results are not dependent upon any refined improvements in the process of manufacture, since the provings were made under given conditions, and hold good only when corresponding conditions are fulfilled. It behooves us, therefore, to urge upon our pharmacists the necessity of giving us duplicates of such old or new drugs, with which provings have been made, and discountenance any modification, which can possibly be avoided.

Miscellaneous Contributions.

OUR CINCINNATI LETTER.

EDITORS OF THE HAHNEMANNIAN MONTHLY:

The long-continued "distressingly healthful" condition of this city, seems to be at an end. Despite the great flood of last spring, which, it was feared, would cause much sickness, and the horribly filthy condition of the streets, Cincinnati has been unusually healthful.

In several wards of the city, measles is epidemic and of a severe type. There have been a number of deaths from this affection. Typhoid fever, diphtheria, and scarlet fever are also prevalent.

The attendance at the Medical Colleges for some reason is unusually small; the number of students, it is said, has fallen off about thirty per cent.

Whether this falling off is due to the preliminary examination on entering, or to some other cause, I am not able to say. If due to the first-named cause, all the better for the medical profession, as thereby a better class of students can be expected.

Pulte College (homœopathic) has about fifty students, the Ohio Medical, about two hundred, the Miami, one hundred, the Cincinnati, forty, and the Eclectic, about fifty; total about four hundred and ninety in Cincinnati only, plus those attending colleges in other cities; hence no indications that there is likely to be a lack of physicians.

At the last meeting of the Cincinnati Homœopathic Medical Society, Dr. J. P. Geppert read a very excellent paper on

"Vocal Hygiene." The following is an abstract of the paper: The various influences of heat, moisture, solid particles in the air, etc., have a peculiarly injurious effect on vocalists. Perfection of physical nature dwelt upon by the writer showed how important it was to keep in subjection adiposity of the tissues, especially about the throat. Many habits of singers are detrimental; especially injurious is the use of alcoholic liquors, as wines, beers, and stronger alcoholic liquor.

Peculiar individual views and practices are objectionable when practiced by the adherent, but these views become a general evil when promulgated. The use and abuse of foods was illustrated by giving examples of individuals, one cause of the superior work of simple eaters is due to this class of individuals being able to devote more time to cultivate perfection, the writer thought a Newton, Pythogoras, or other prominent lights of the world were due to the habits they pursued and not to the food they ate. The elephant, horse, and monkey are vegetarians; the lion, tiger and bear are carnivorous. Excessive eating of any classification of food is injurious.

> "A hundred cities claimed old Homer dead
> Through which the living Homer begged his bread."

Alcohol produces fatty accumulation and degeneration, both objectionable to vocalists; also a hoarse voice, hoarse cough, staring immobile eyes, bloated countenance, excessive dryness of the mucous membranes of the mouth, tongue, pharynx, larynx, and œsophagus. The tongue has a feeling of stiffness, there is defective muscular action, dysphagia, and thickening of the vocal bands, and frequently consumption results.

Baths are capable of much mischief; should be given under the advice of an intelligent physician. Cold immersion baths had done much harm, to delicate persons; the domestic hot-air bath was commended, followed by alkaline ablution. Objectionable methods of using the voice were illustrated. The writer described the condition of the vocal organs of a dean and professor of Michigan University, who had consulted him about a chronic throat ailment which had been slowly developing, due entirely to a want of consideration of the relations of the axis centre of voice emission, and the axis centre of the body. This neglect had resulted in almost a partition between the oral cavity and the apartment of voice production.

The remedy recommended was an operation for removal of

this partition or excessive hypertrophy, the internal administration of Erythroxylon, and astringent gargles. The work of James Rush, M.D., "The Philosophy of Voice," was commended as the best work written upon the voice; and some Americans appreciated good things from it when they had been appropriated by foreigners in fragmentary form and returned to this country.

American voice teachers are the best in this country, and to convey instruction intelligently to pupils requires a greater knowledge of *English* than that displayed by banana-peddlers.

Mental and nervous perfection had much to do with voice production. Excessive venery has cost some vocalists their voice. The sexual system has much to do with the vocal system.

In two cases of castration in the writer's practice, the voices were peculiarly excellent, and retained a youthful, pleasant, full quality. He thought there might be a return to this ancient practice with advantage to vocalists.

Dr. Wm. Owens, formerly Prof. of Materia Medica in Pulte Medical College, is giving a private course of lectures in "Homœopathic Therapeutics and the Homœopathic Law of Cure." S. R. G.

PUERPERAL CONVULSIONS—TRIPLETS.

EDITORS "HAHNEMANNIAN MONTHLY":

Dr. Chester B. Jennings, of the class of '81, writes, that, on the tenth of October, he was summoned to a case of labor, late in the night. Responding promptly, he hastened to the bedside, and found the woman in severe convulsions, the os moderately well dilated, the presenting part a breech—high up. After waiting as long as he thought prudent for the action of the appropriate remedy, he proceeded to deliver by manual means. He succeeded in delivering *three living boys.* The woman, a mulatto, about 28 years old,—strong and vigorous at the outset of labor—did not regain consciousness, but died in less than an hour after the delivery of the *two* placentas.

Dr. Jennings deserves credit for his efficient efforts in behalf of the imperilled boys.

Truly yours,
O. B. GAUSE, M.D.

THE
HAHNEMANNIAN
MONTHLY.
A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

Editors,

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☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

DIETETIC TREATMENT OF DYSPEPSIA.—At the recent meeting of the New York State Medical Association, Dr. Austin Flint, Sr., of New York City, read a very interesting paper on the "Dietetic Treatment of Dyspepsia," a subject doubtless of interest to all, and treated in such a manner as to be replete with much valuable advice. We therefore deem it worthy of editorial comment. Dr. Flint prefaces his suggestions respecting the treatment of the affection, with a few remarks on its etiology and symptomatology. Attention is called to the peculiar mental depression of dyspeptics, a symptom which, although frequently secondary to the gastric disorder, may be the starting point of the disease. This mental condition, hypochondriasis as we usually term it, as a primary cause of dyspepsia has not, we think, hitherto received the attention which its importance demands. As Dr. Flint observes, cases may be met with, in which dyspepsia follows a sudden change from a life of activity, to one of comparative ease and comfort, to disappear, however, on the resumption of the old habits. It will frequently be our lot to meet with

patients who find it impossible when at home to partake of even the most wholesome food without suffering in consequence; yet so soon as they are away, and the mind is so fully occupied as to be no longer directed to the stomach's condition, relief of all symptoms ensues. It is not an uncommon practice among physicians to place the dyspeptic under very stringent rules. For example, he is instructed to eat at stated periods, and at no other; he should never eat late in the evening or at bed-time; he ought never to yield to the temptation of eating any article of food simply because it is palatable; he should always leave the table hungry; he must study personal idiosyncrasies, and never indulge in kinds of food which although wholesome to most persons, are injurious to the few who are peculiarly organized; he must even limit himself in the quantity of drink taken, lest by drinking too much, he dilute the gastric juice. Dr. Flint condemns these instructions, as he believes they will serve to constantly direct unnecessary attention to digestion. He also says that just those persons who follow these rules, will be the ones who come to the physician complaining of dyspepsia, and whose troubles continue despite the most carefully guarded dietetic measures. Now we are not sure but that our author has mistaken the relation between cause and effect. A few years ago, a physician in the West created quite a stir by proclaiming that rapid eating was conducive to health, for, said he, "if you will observe carefully you will notice that those who eat rapidly are free from indigestion, while those suffering from that affection eat slowly and carefully." Just so; but then it must be remembered that only a strong and healthy stomach can tolerate illy prepared food; that so long as people remain in health, they recklessly persevere in bad habits. When gastric failure appears, more care is taken, and food is thoroughly chewed and prepared for the process of digestion. We therefore express as our opinion, that dyspeptics are less frequently such, because they diet, than that they diet themselves, because they are dyspeptic. Numerous are the instances in which neurasthenic patients have, as part of their condition, quite a list of gastric symptoms, in consequence of which stringent dietetic regulations are practiced, only to the detriment of the patient. Regularity in meals is unquestionably wise, but may be carried to an extreme. The same may be said of the practice of avoiding eating between meals. But when one is hungry at such times, we see no reason why he should not satisfy his appetite. Neither do we think that he should leave the table

hungry, as by so doing the system may not receive its needed nourishment.

In treating patients with dyspepsia, Dr. Flint advises no rigid system of diet, but that food must be taken in sufficient quantity and sufficiently varied to satisfy the requirements of nutrition, and that this is not to be done by adopting any fixed rule regulating the amount and the kinds of food. Patients must be guided by the appetite, by the palate, and by common sense. Respecting certain articles of food, said to disagree, he says, that personal experience in dietetics is fallacious. That which disagrees one day, may agree the next. A variety of circumstances may render the digestion of any article of food taken at a particular meal labored or imperfect. As a rule, articles which agree with most persons do not disagree with any except from casual or accidental circumstances, or the expectation in the mind of the patient that they will disagree. Still idiosyncrasies may be met with. Dr. Flint advises his patients not to adopt the rule of eating only at certain periods, but to be governed in this respect by appetite; to eat in the evening or at bed-time, when food is desired. Those articles will be most likely to be easily digested which are acceptable to the palate. Never leave the table with the appetite unsatisfied. No attempt should be made to estimate the quantity of food taken. Animal and vegetable articles of diet should be taken as instinct dictates.

That restrictions in diet in cases of dyspepsia are pernicious when such restrictions involve insufficient nutrition cannot be doubted. That a weak stomach can be overtaxed we fully believe. To have a good fire, fuel must be used, but when the fire is low, care must be taken, in furnishing it with fuel, not to overdo the matter and extinguish it. In some instances all food will be rejected, in which case recourse must be had to the properly indicated digestive ferment, pepsin or pancreatin. In no case, should the quantity of food taken be insufficient to sustain a healthy standard of nutrition. We have several times met with patients who, for months, had been trying to subsist on gruels, oat-meal, dry bread, and the like. Of course, they were losing flesh and strength. How could it be otherwise? All this had been done under the mistaken notion that they were giving the stomach rest and a much needed chance to recuperate. As soon as a more liberal dietary was prescribed, into which animal and vegetable articles entered in the proper proportions, improvement began and progressed to a favorable termination.

While agreeing with Dr. Flint's closing remark that those who "live to eat," the *gourmet* and the *gourmand*, who fare well every day, are not commonly dyspeptic, we deny the deduction he makes therefrom that heavy feeding does not produce dyspepsia. The man who fares well every day has no mental anxiety (*i.e.*, as a rule); he takes his time at his meals, he has food well selected and well prepared for the table. Do not all these circumstances diminish his liability to dyspepsia? It may also, says Dr. Flint, be said of the laboring man who has no time to study by personal experience the relations of diet and digestion—he is not dyspeptic. Our literary men, our doctors, our lawyers, and our clergymen are dyspeptic. "Those are dyspeptic who *study* to live so that digestion shall wait on appetite and health on both." While the mental habits of professional men may lead to dyspepsia in some cases, their utter disregard of all the rules of table hygiene is sufficient according to our mind, to account for the gastric disorders from which so many of them suffer.

The British Journal of Homœopathy.—With the issue of its October (1884) number, the *British Journal of Homœopathy* ceased publication. It was originated forty-two years ago in the interests of a puny cause, struggling against a persecution as relentless as it was dishonorable. It aimed to lay before the medical profession and the public, the practical truths of Homœopathy, and to secure for it that hearing that could be obtained in no other way. To suppose that such a journal could be other than a constant occasion of labor and expense to its publishers during those early days, would be to miscalculate either the number of homœopathists or the qualities of their enemies. Yet the Quarterly held on; its issues appeared regularly; its influence spread far and wide; it encouraged the despondent, sustained the weak, instructed the honest seeker after truth, and, what was doubtless equally important to the progress of the new system, it furnished a medium through which the clinical and other observations of homœopathic practitioners were brought within the knowledge and use of others far and near. Indeed, it may be said of very much of what is now standard in the literature of homœopathic Materia Medica and Practice, that it originally appeared in the pages of the British Quarterly.

The reason assigned for the discontinuance of the publication, as given in its farewell number, is, that the condition of Homœpathy and of its relation to General Medicine, which in-

duced its publication in the first place, no longer exists. While this fact will of course be conceded, there will still be innumerable regrets that this should be considered a sufficient reason for its suspension. The original work of the *Journal* may long ago have been accomplished; but is not the new era opening up new fields of journalistic usefulness—fields in which the peculiar talents of such men as Dudgeon, and Drysdale, and Hughes shall still find opportunity for their highest and broadest exercise? Good homœopathic journalism is not so abundant a commodity, that we can well afford to lose much of it. It is to be hoped, therefore, that the editors of the *British Journal of Homœopathy* will still find time and inclination to favor the profession with the benefit of their thought and observation through other media, and especially through journals on both sides of the Atlantic. Much as we shall regret the discontinuance of the *Journal*, it is better far to lose that, than the continued usefulness of its editors.

Notes and Comments.

The American Medical Globe Walker is what the London *Medical Times and Gazette* dubs the American medical man who goes abroad to finish his education.

The New England Medical Gazette will hereafter be issued as a forty-eight page monthly. Its price, $2 per annum, is extremely low for so well conducted a journal.

Strange News.—The *Medical Record* has not abused Homœopathy or its adherents now for nearly a month. We really hope the *Record* is not going to decline in interest.

Definitions of Insanity.—*The American Psychological Journal* for October, 1884, publishes about thirty different definitions (?) of "Insanity." To define some of these "definitions" would be a tenfold more difficult task.

The British Journal of Homœopathy has discontinued publication, and one or two allopathic journals are adjusting their high-power objectives, to see if they cannot herein discover evidence of the decline of Homœopathy. They find so much real comfort in this line of original research, that it would be sheer cruelty to disturb them.

Yellow Fever and Inoculation.—Dr. Domingos Freire, of Rio Janeiro, has succeeded in attenuating the virus of yellow fever. With this he has inoculated five hundred people who, by reason of their occupations, were especially liable to contract the disease. They afterward exhibited symptoms of a light attack of yellow fever, but were quickly cured and have remained well ever since.

Cerebral Surgery.—In a case at the Hospital for the Paralyzed and Epileptic, Regent's Park, London, Dr. Hughes Bennett diagnosed an encephalic morbid growth of limited size, and localized it in the upper part of the fissure of Rolando. Mr. Rickman Godlee trephined the skull over

the suspected region, and removed a glioma of the size of a walnut from under the gray matter of the ascending frontal convolution. At last accounts the patient was doing well.

Too Modest Entirely.—*The Homœopathic Physician*, in speaking of the "corner-stone laying" of the new building of Hahnemann College, says that, "in order that homœopathy might not be altogether overlooked in the college, copies of Hahnemann's *Organon* and of the *Homœopathic Physician* were put in the corner-stone."

We are surprised that our contemporary mentions the *Organon first* in order. Of what account would Hahnemann be, anyhow, or his *Organon* either, without the indorsement of the *Homœopathic Physician?*

The Chironian is the title of a new journal issued semi-monthly by the students of the New York Homœopathic Medical College. Its numbers thus far issued are bright and sparkling, filled with college news and other matters of interest to students and physicians, and especially to the New York College Alumni. Such a journal, well conducted, can very greatly extend the influence and promote the usefulness of the college, and we heartily wish it a large measure of just that sort of success. Every alumnus should send his $1.50 for a year's subscription to help it along. Address "The Chironian" at the college, 23d street and Third avenue, N. Y.

Unused Clinical Facilities.—Referring to the Hahnemannian's editorial of last month upon certain "Impediments to the Progress of Homœopathy," Dr. T. M Strong, of Ward's Island Hospital, intimates that the educational facilities furnished by homœpathic institutions might be used to more advantage than they now are, and cites the fact that there are now four vacancies on the house-staff of the vast hospital over which he presides.

Speaking of the Ward's Island Hospital as a school for young homœopathic practitioners, Dr. Strong effectually disposes of the current slander that the hospital is an allopathic institution. He says: "Our cases are chronic ones, to be sure, but they are such as a young physician meets from his first entry into practice, and while palliative treatment must, of course, form a portion of the therapeutics in an institution like this, the greatest part of the treatment is with the single remedy applied to the best of our ability." It is not very creditable to our school of practice, that medical residentships in such a hospital should go begging.

New Publications

Transactions of the Thirty-seventh Session of the American Institute of Homœopathy (Forty-first Anniversary). Held at Deer Park, Md., June 17, 18, 19, 20, 1884. Edited by the General Secretary, J. C. Burgher, M.D. Pittsburgh; 1884. Octavo, pp. 757.

This latest volume of the "Transactions" comes to us in the usual attractive form, on excellent paper, and in a neat and substantial cloth binding. Dr. Burgher has again done good work in its editorial supervision, for which he merits both congratulations and thanks. The contents of the volume are of the usual miscellaneous character, and include an aggregate of about sixty essays and reports on scientific subjects. The remainder of the volume is taken up with the record of the Institute's business, list of members, etc., etc.

Gleanings.

On the Rheumatic Origin and Treatment of Chorea.—Sturges brings his communications on the above subject to a close. During his ten years of observation of chorea he met with 219 cases. Of these, 16 had had rheumatic fever, 25 to 28 pains presumably rheumatic, and 12 were without information on this point. The proportion of rheumatic cases is represented by nearly 20 per cent. The author estimates the normal percentage of rheumatism among adults at certainly over 12 and possibly over 20 per cent., while for children it was 15 per cent. Dr. Coutts's observations place it at 16 per cent. The special proclivity to chorea, arising out of rheumatism, is represented, therefore, by about 5 per cent. Sturges, therefore, concluded that the etiology of chorea must find some broader basis than any that rheumatism affords. By way of treatment, he recommends rest, bodily and mental, good food, country air, patience and encouragement. He places but little dependence in the value of drugs.—*Lancet*, September 20th, 1884.

Etiology of Pneumonia and Bronchitis.—An experience, gained by the study of sixty fatal cases of pneumonia and bronchitis, leads Dr. John Ward to believe that we will find the cause of these diseases to lie in exposure to an atmosphere contaminated by animal filth emanations, and not to exposure to cold. He believes that there is greater danger in a deficiency of ventilation than in a moderate excess.—*Lancet*, September 20th, 1884.

Knee-jerk in Diabetes.—M. Bouchard made a distinct impression by his paper on this subject at the French Association for the Advancement of Science at Blois. The presence or absence of the knee-jerk in diabetes is said to possess much importance, both from a prognostic and diagnostic point of view. Forty-seven cases, observed during the last three years by M. Bouchard, were found to have the patellar reflex, and of these cases only two died. Nineteen cases were collected, in which the knee-jerk was absent, and of these six were fatal. The members of the second group had a cachectic appearance. Bouchard believes that the absence of the phenomenon in the course of diabetes indicates the entry into a grave and perilous state, perhaps foretelling the onset of diabetic coma.—*Lancet*, October 4th, 1884.

A Simple Method of Washing out the Bladder.—The first step in the application of this method, suggested by Mr. Buckston Browne, is the introduction of an ordinary, soft rubber catheter, into the outer end of which a bifurcated brass tube, without valve or stop-cock, is inserted after the bladder has been emptied of urine. One of the arms of the tube is attached to a Higginson's syringe. The other arm is closed by the pressure of the finger. Two ounces of the prescribed injection are gently introduced into the bladder. The finger-pressure is then removed from the tube, and the fluid issues from the bladder. This process can be repeated as often as is desired, without trouble to the patient or disturbance of the catheter.—*Lancet*, October 18th, 1884.

Prepuce-Grafting.—Among the disadvantages, urged against the practice of skin-grafting, are the pain and scarring the patient must suffer to provide himself with the cuticular fragments required to close his granulating wound. Mr. Clement Lucas suggests, therefore, that the skin removed by the operation for phimosis in children be utilized. The surplus skin of the prepuce, from its suppleness, thinness, and vascularity, appears to be peculiarly adapted for transplantation, so that grafts from this source adhere when those from other parts have failed.—*Lancet*, October 4th, 1884.

A Proving of Farfara.—Dr. Irwin J. Lane has reported a proving of Farfara, which he instituted on himself, together with the symptoms noted in a patient æt. 11 years, for whom the drug was prescribed in large doses for amenorrhœa, and the symptoms observed in the same patient twenty-two years later, when Farfara was taken to produce abortion. We have arranged the symptoms according to the usual schema. Dr. Lane's symptoms are unmarked, those observed in the remaining cases are marked 2 and 3 respectively.

Mind.—Gets the lines crossed while driving. Tires readily. Cross. [2]As soon as the pains commenced, thought she was going to die. [3]Felt confused and was very forgetful.

Head.—Dull aching in the forehead. After going in bathing, had a hot sensation in the forehead and a burning sensation in the nose with a discharge of watery mucus from the nose. Aching pains in left temple. [3]Dull, heavy aching in the forehead.

Eyes.—Photophobia while in the sun. Sensation as of sand beneath the eyelids when awakening in A.M. Black oblong specks, with white around them, before the eyes. [3]Continual watery discharge from the eyes; after closing the lids, there was a sensation of sand beneath them. [3]Dark clouds before the eyes.

Nose.—After going in bathing, discharge of watery mucus, with hot sensation in forehead, and burning sensation in the nose. Coryza < in open air. Burning, irritating sensation in nose, < by long inspiration through the nose. Frequent sneezing. [3]Constant excoriating coryza. [3]Discharge of excoriating water from the nose, which would start with tingling sensation at the root of the nose, < by leaning forward. [3]Sensation as if a drop of cold water would start from the upper part of the nose and run down.

Face.—Alternate flushing and pallor of the face. [3]On getting up in the A.M., face felt stiff as if she had been crying. [3]Face felt as if she had taken severe cold in it.

Teeth.—[3]Toothache beginning in decayed tooth on right side of lower jaw and would extend all the way around. [3]Teeth felt long and sore.

Tongue.—Base of tongue coated white and dotted with red papillæ. Posterior part of tongue coated yellow with raised papillæ.

Throat.—Dryness of pharynx, with difficulty in swallowing saliva, shortly after taking ϕ. Sensation as of strong tobacco-smoke in the throat. Irritating sensation in upper part of throat at 4 A.M., causing a dry hacking cough, < lying down or taking a deep breath.

Eating and Drinking.—Thirsty; drinks little and often

Nausea and Vomiting.—Eructations of food and of wind. Smell of the medicine caused nausea. Sour eructations. [3]Nausea, with cold sensation in the stomach. [3]One morning, after feeling sick, she vomited a green frothy substance, tasting bitter. [3]Nausea always coming on in the morning; she compared it to morning sickness.

Stomach.—Burning-hot feeling in the stomach after taking the medicine. [3]After the nausea and internal cold sensation, there would be an external cold sensation in the region of and about the size of the stomach.

Abdomen.—After eating, gurgling of wind in the abdomen, with some pain and passage of flatus before stool. Colic-like pains in hypogastric region, coming in paroxysms, with flatulence; < sitting up straight or leaning back; > leaning forwards and passing flatus. [3]As soon as she lay down, sensation as if the whole contents of the abdomen were pressing up against the contents of the thorax, causing a choking sensation, so that she could not lie down; had to lean a little forward, which gave relief.

Urine.—Had to get up twice at night to urinate Passed large quantities of pale urine, sp. gr. 1005. Burning in meatus urinarius while micturating. Urine dark colored and stream large. [3]Passed large quantities of colorless

urine, which would cause a burning sensation as if it was scalding hot. Soon after passing so much urine, she had a very intense itching sensation of the vulva, which seemed almost unbearable. At first, it seemed to be on the external surface of the vulva, and was slightly relieved by scratching, but the itching gradually extended up the vagina until it reached the cervix; < by lying down and by urination.

Male Organs.—Itching of glans, prepuce, and scrotum. Fine red eruption on glans penis.

Female Organs.—[2]Labor-like pains commencing across the left lumbar region at about the brim of the pelvis, passing from the left to the right side, then passing from right side back to the left, always passing around her in front; after they got to the left side, where they started from, they would pass down and out through the vulva. [2]Just as soon as they would pass out there, would other pains commence to come in the same place and go through the same circuit. After the pains continued twenty-four hours, sharp pains changed to aching pain, which passed along the vagina out to the vulva, where there was a continual bruised feeling, which gradually passed away. [2]As the pains began to pass away, the menstrual flow commenced. [2]The first day after the menses appeared, there was a bruised-like pain on the left side of the abdomen. [2]Menses lasted five or six days, were dark and clotted until toward last part, when they changed to a pinkish-red color, and were then thin and watery. [2]Menses < when sitting. [2]Leucorrhœa color of milk, little thicker than cream, and very sticky: < during first few days of menses; < walking around. [3]Breasts swollen more than any other part of the body and the nipples more than the breasts. [3]Breasts were full of milk, and felt as they had at times when she had been away from her child a long time while nursing it, except that they were so sore that she could not bear the slightest touch. [3]Soreness was of an aching character. [3]Milk was very watery, so that it was only slightly colored. [3]She drew the milk from one breast, which relieved the pain for a time. The milk continued in the breasts six or seven weeks after stopping Farfara.

Cough.—Dry hacking cough, worse lying down or taking a deep breath, the result of an irritating sensation in the upper part of the throat, at 4 A.M.

Neck, Back, Body, etc.—After exposure to wet, had bruised aching pain in lumber region and hips after getting up; < moving about or standing; > after continued motion. [3]Whole body bloated, so that she could scarcely get her clothes on; the breasts were swollen more than the body and the nipples more than the rest of the breast. [3]She felt as if she had drank large quantities of water and it had filled her full. [3]Swelling was soft and flabby, as if there was cold water beneath the skin. [3]On pressing the surface, it would leave the imprints of the fingers for about five minutes. [3]Skin would turn bright red.

Limbs.—At night, arm felt numb, as if asleep, with it extended over the head. Weakness of the extremities. Right knee gave out while walking, as if he had no power over the muscles. Aching of the muscles of the right arm, < below. [3]Cold perspiration on her hands. [3]Legs below knees would feel numb, as if asleep, when lying down. [3]Twitching and jerking of the legs under the knees, which would draw them up, so that the feet would be drawn nearly up to the hips. They would stay drawn up until she went to sleep or got up and walked around. [3]Her arms would twitch in the same way at times when she was asleep, which would flex them so as to cause her to awake. Cold perspiration on her feet and legs to the knees.

Sleep.—Sleepless and restless after going to bed; dreams of burglars. Constant gaping. [3]Very sleepy. [3]Cannot keep awake unless she is at work. —*Homœopathic Physician*, November, 1884.

Mental Symptoms of Ordinary Disease.—After calling attention to the relation between the phenomena of mental action and bodily conditions, Dr. John B. Stonehouse proceeds to a consideration of the peculiar mental conditions characterizing various bodily ailments. In the initial or pretubercular stage of pulmonary phthisis, there is a well-known tendency to a high state of mental activity. An unusual mental power and brilliancy is developed in chronic gout, probably owing to the presence in the blood of an excess of nitrogen, which is well understood to be a cerebral stimulant. The precocity of children suffering from rickets is well known. Here, too, a stimulating effect is to be expected from foreign agents circulating in the blood—the lithates. The condition of the cerebral circulation seems to be the most important element in denoting the mental characteristics of bodily conditions. Take a hunchback, in whom the blood flows more directly and more strongly to the brain, he is usually distinguished for vivacity of spirit. Pulmonary and abdominal diseases present marked contrasts in their mental symptoms. The consumptive, for whose departure friends are in constant waiting, lays his plans for years ahead. A slight and transient form of abdominal disease often gives rise to a melancholia ending in suicide. The melancholia of abdominal disease, and especially from inaction of the colon, is, according to Van der Kolk, occupied with imaginary misdeeds, but the melancholia associated with some disturbances of the reproductive organs takes on a highly religious character. In exophthalmic goitre, the patient, if a woman, is extremely neat in dress and habit, above the average in intellectual ability, but subject to emotional storms with great irregularity, the object of fondest attention becoming suddenly, without warning, the creature upon whom she pours the vials of her wrath. In addition to fear of death, the sufferer from heart disease presents a mental condition marked by caprice, unsustained volition, and suspicion. In cancer, the most usual mental attitude is that of sullen, defiant submission to the inevitable. In pyæmia, the condition is that of absolute indifference. Rheumatism gives rise to chronic forms of insanity, characterized by very great depression, with occasional attacks of maniacal excitement. Skae regards the psychoses of rheumatism as about as well defined as paralytic dementia, and as having a fair prognosis. The chronic form is the most characteristic, and has usually three stages, (1) of melancholia, either of the atonic variety, or with unsystematized delusions; (2) the delusions have become systematized; (3) a mental state closely resembling general paresis. The delusions are, at first, of persecution, of poisoning of food, of continual stabbing, etc.; later, particular persons are selected, around whom all the suspicions are made to gather. If a case presents similar delusions of persecution and suspicion, with delusions referring to the generative organs, *e.g.*, the penis is to be amputated, it can be determined without much hesitancy that chronic alcoholism is the cause of the insanity. There are mental symptoms characteristic of diabetes, chorea, anæmia, epilepsy, menstruation and pregnancy, but which the author does not relate for want of time.—*Medical Annals*, October, 1884.

Regulatory Albuminuria.—Rosenbach (*Zeitschr. f. Klin. Med.*) defines regulatory albuminuria as an albuminuria in which the quantity and quality of the urine are normal (except in containing albumen), and there are present no products of inflammation such as tube-casts or blood-corpuscles. In such cases the kidneys are, for the time, functionating more than they normally do, and the albuminuria arises from anomalies of the blood, or of tissue-change, and not from any disease of the kidneys themselves. It is to be remembered that in these cases the blood may be absolutely or relatively richer in albumen than is normally the case. In the first of these cases, the blood holds absolutely more albumen in solution than normal, and this may be due to a great absorption of albuminates from the food, to the

transfusion of blood, or to peptonuria and the absorption of large pus collections. In the second case, the blood contains relatively more albumen than normal,—relatively, that is, to its power of combining albumen,—and this arises from increased loss of water through the skin or intestines, from diminished supply of water to the system, or from diminished functionating power in the white blood-corpuscles. In both these cases, the excretory organs strive to reduce the albuminous concentration of the blood to the normal level, and hence the regulatory albuminuria. Rosenbach holds that the only characteristics of nephritis, in its strictest sense, are white (and the so-called "fatty") blood-corpuscles, and the tube-casts which are formed out of these corpuscles. He holds the hyaline corpuscles only as an indication of albumen, since, as is well known, they often occur when there can be no question of renal lesion. The red blood-corpuscles are only indications that the process possesses considerable acuteness.—*Journ. of the Amer. Med. Association*, October 25th, 1884.

A New Method of Treatment in Deep Ulcers of the Cornea.—The methodical instillation of Eserine in this affection has given brilliant results in the hands of Dr. M. Landesberg. Staphyloma and total adherent leucoma have not been observed in any case so treated, and dense opacities of the cornea, with or without anterior synechiæ, have occurred only in such cases as came under treatment with protrusion of the membrane of Descemet or with perforation of the cornea,—all other cases treated recovered with such a smooth circumscribed opacity, and with such a favorable condition of vision, that the necessity for iridectomy has become very rare. The use of Eserine is continued until the repair of the destroyed tissue is completed, when it is replaced by the application of stimulant ointments in order to clear up, as far as possible, the remaining opacities. Hot fomentations greatly assist the process. The diseased eye should be protected from injurious influences by a bandage.—*Med. and Surg. Rep.*, Nov. 1st, 1884.

Stricture of Œsophagus Cured by Cundurango.—The following case is reported by Dr. J. C. Burnett in the *American Homœopath* for June: A gentleman, aged about fifty-five years, had first noticed one year before an uneasy sensation behind his sternum about corresponding to the cardia. It was worse when he was swallowing. Finally, it had come to be quite a serious matter, because every mouthful seemed to stick at the spot,—which he described as *burning*—and he had become very anxious because of the increasingly difficult passage of food through the gullet. He was very pale and thin, almost cachectic. "Everything seems to stick just here, and it burns and smarts whenever anything passes." His lips were very pale, and his tongue exsanguine. The diagnosis was incipient stricture of the œsophagus. Cundurango[1], 15 to 20 drops a day. The patient continued his drops for four or five months, steadily mending all the time, and finally reporting himself quite well.

Albuminuria following Exercise.—In a paper entitled "Notes on Albuminuria," Dr. Gaspar Griswold related the case of a gentleman who applied for a policy in the New York Life Insurance Company. He appeared before the health examiner in the afternoon, and the urine that he passed at that time was found to be highly albuminous; in consequence of which, he was rejected. This was in February. In the following month, he was persuaded by an energetic agent to make application at another company, and when his urine was examined this time, it was found to be normal, in consequence of which, he was accepted. The gentleman then told what his experience had been with the other company, when, of course, it was deemed necessary to make further examinations of his urine. On the

14th of March, it was found to be entirely free from both albumen and casts; but on March 22d, it was distinctly albuminous and abounded in both fatty and granular casts. Just before this last examination, it was ascertained that he had been taking a boxing lesson, as had also been the case before the examination in the other company. The gentleman then consulted Dr. Janeway in reference to the condition of his urine, and the latter carefully examined his water twelve times without detecting the least abnormality. Dr. Janeway then inquired what he had been doing before passing the urine in which the albumen was found at the life insurance companies, and, learning about the boxing lessons, he made several examinations of the urine passed in the afternoon after taking the lesson. The result was that albumen and casts were found in every specimen examined. The importance of one such case as this, Dr. Griswold thought, could not be exaggerated. *Medical News*, June 14th, 1884.

Œsophageal Stricture Accidentally Cured.—A child, under the care of Dr. T. Curtis Smith, had a stricture of the œsophagus from drinking a solution of concentrated lye. The child subsisted on liquid food almost entirely. One day, a piece of dried peach was given him. This he did not regurgitate. But it was noticed that no food found its way into the stomach. Even water was regurgitated. Rectal alimentation was adopted. All at once he improved, and from that time he was able to take anything desired. The dried peach probably lodged in the stricture. Swelling from the absorption of moisture, it stretched the stricture, and finally becoming disintegrated and dislodged, left the œsophagus clear.—*Med. and Surg. Rep.*, December 6th, 1884.

Nerve Suture and Excision of Bone.—This operation was performed by Professor Von Bergmann, of Berlin. The patient, a boy, aged 15 years, had been severely wounded, last June, in his right, upper arm by a circular saw. The wound had healed in about ten weeks, but the boy had lost all power of motion, and all sense of touch in his right arm and hand. It was supposed that the nerves of the upper extremities had been severed, and in order to reconnect them, the scar was reopened, and the ends of the nerves uncovered. As it was impossible to join them as they lay, a piece of the humerus, two inches long, was sawn off. The two ends of the nerve were then joined, and it is hoped that the boy will recover the use of his arm and hand.—*Br. Med. Journ.*, November 29th, 1884.

Effects of a Pretended Oophorectomy.—A German girl entered St. Francis's Hospital (N. Y.) with a history that she had been in nearly all the hospitals of the city for severe dysmenorrhœa, pelvic pains, and epileptic seizures. She professed to live without eating, but it was found that she took bread in some surreptitious manner. The sisters watched her closely, and concluded that she was a hystero-epileptic. Dr. W. R. Gillette found prolapse of the ovaries. The patient was very anxious to have an operation done, and her mother stated that she had been a real sufferer for several years. Dr. Gillette thought it a good case in which to try the influence of mind over matter, and made all the necessary preparations for oophorectomy; placed the patient upon the operating-table, made an incision into the subcutaneous fat of the abdominal walls and closed the wound. The patient improved wonderfully after the pretended oophorectomy. He had heard, however, that she had lately had a return of the symptoms, and presented herself at several hospitals desiring that something more than the ovaries be removed.—*Amer. Journ. Obstet.*, November, 1884.

Fistula in Ano Accompanied with Incontinence of Urine.—Dr. Morris H. Henry reports a case in which the above-named condition existed. The fistulous tracks were laid open, greatly to the relief of the patient. The irritable condition of the bladder ceased shortly afterwards.

At the end of a week the incontinence of urine had ceased, and had not returned one year later.—*Med. Rec.*, November 15th, 1884.

New Procedure in Paracentesis Thoracis.—Frequently, in paracentesis thoracis, difficulty is experienced in making a sufficiently large and free opening to admit of the proper placing of draining tube, or even inserting a good-sized canula in the chest-cavity. This is doubtless caused by the approximation of the ribs, from the influence of chronic pleurisy, upon the intercostal muscles. To obviate this, Dr. Thomas F. Rochester suggests that the ribs be separated by the introduction of the finger through the incision in the chest-walls. The ribs gradually yield to the pressure of the finger, so that it may be introduced its whole length into the chest-cavity. Its withdrawal is followed by a free flow of the contained fluid.—*N. Y. Med. Journ.*, November 22d, 1884.

Ligation of the Vertebral Artery for Aggravated Epilepsy.—Dr. Edmund Andrews, of Chicago, had under treatment a gentleman who, at the age of 17, contracted epilepsy. The paroxysms increased in frequency until his mental powers were wrecked. He was now having from twelve to fifteen paroxysms in the twenty-four hours. Dr. Andrews determined to ligate the vertebral artery. He cut down upon the vessel and tied it between the right transverse process of the atlas and the axis. The paroxysms were not suddenly arrested, but they began at once to diminish in frequency and severity. At six and a half months after the operation, the attacks had entirely ceased, and the mental powers were so much improved that the patient was comparatively sane and able to enjoy his liberty in walking about town.—*Journ. Amer. Med. Assoc'n*, November 15th, 1884.

Relation of Certain Diseases of the Eye to Gout.—The first Bowman Lecture was delivered before the Ophthalmological Society of the United Kingdom, by Jonathan Hutchinson, on the above subject. In his address, he showed the probability that many different forms of inflammation of the eye, or parts of it, occur in connection with gout. Some of these are very peculiar and specialized types of disease, and have already been accorded distinctive clinical names; others, equally distinct, are not as yet so well known, and of others, we may say that they are to be distinguished from other inflammations of the same structures, not so much by their features as by their cause. Of all, we may assert that they are unfrequent; some, if we confine ourselves to well-marked types, are distinctly rare. These different affections may be divided into two groups: (1) Those which go with acquired, humoral or renal gout; and (2) those which depend upon the inheritance of structures damaged, or, at any rate, specialized by gout in predecessors. In almost all cases of acquired gout, there is inheritance also; and in many, in which the disease is chiefly caused by inheritance, some modification and increase may have been derived from personal habits. Still, the difference between the two classes of affections is marked. In the one, attacks of a transitory nature are the rule, and these attacks are often acute and attended by much pain. In the second group, although a tendency to temporary recovery and recurrence is often observed, yet there is a great proneness to chronicity and persistence. The invasion is often insidious, but the disease is usually, in the end, destructive. In the former group may be placed hot-eye, sclerotitis, recurrent iritis, and retinitis hemorrhagica; all these are diseases of adult life. In the second group, are included insidious disorganizing iritis, relapsing cyclitis, certain forms of soft cataract, and perhaps some of primary optic neuritis.—*Med. Times and Gazette*, November 22d, 1884.

Homœopathic Treatment of Nephritis.—The remedies useful in chronic tubular nephritis are: *Apis*, *Ars. alb.*, *Cupr. ars.*, *Dros.*, *Ferr.*, *Merc.*

cor., *Merc. cyan.*, *Phos.*, *Tereb.* For the complications: *Acon.*, *Bry.*, *Dig.*, *Ferr.*, *Ipec.*, *Op.*, *Scilla*, °*Apoc. can.*, °*Kal. nitrate*, (?) *Ars. hydr.*, (?) *Chromic acid*, (?) *Copaiba*, (?) *Cubebs*, (?) *Mangan.*, (?) *Normal chromate of potash*, (?) *Normal chromate of soda*, (?) *Sab.*, (?) *Vesp.* In granular kidney: **Canth.*, **Dig.*, **Merc. cor.*, **Plumb.*, °*Acid. nitr.*, (?) *Ac. chrom.*, (?) *Kobalt*, (?) *Mangan.* (?) *Nicol.*, (?) *Normal chrom. potash*, (?) *Normal chrom. soda.* Lardaceous kidney: °*Acid. nitr.*, °*Acid. phos.*, **Merc. phos.*

Tubular Nephritis, when suspected after scarlatina, pain in loins, scanty urination, *Aconite.* When blood appears, *Terebinth* 1ˣ. Dropsy of cellular tissue and serous sacs, *Ars.* in high potency, or, *liq. pot. ars.* Frequent inclination of scalding urine, with irritation of bronchial, laryngeal, or intestinal mucous membrane, *Canth.* 3ˣ. Inflammation of serous membranes, *Ars.*, *Bry.* Œdema of the lungs, causing irritable, dry cough, *Ipecac.* 1ˣ. For coma, *Op.* 1ˣ is the most indicated, but *Canth* 3ˣ, *Cupr. acet.* 2ˣ should be tried, the latter, if accompanied by cramps and rigidity of muscle. In the chronic form of tubular nephritis, anædemia, with exhaustion and lassitude, *Ferr. sulph.* 1ˣ. When the dropsical effusion is accompanied by diarrhœa, *Hell.* 3ˣ.

Granular Kidney. In the early stages of degenerative disease, associated with stricture or calculous disease, *Canth* 2ˣ. When caused by abuse of alcohol, *Merc. cor.* 3ˣ. When caused by lead-poisoning, *Merc. viv.* 3ˣ.; if not owing to lead-poisoning, *Plumb. acet.* For hæmaturia, *Terebinth.* Vomiting, *Kreos.* 3ˣ. Nausea and mucous expectoration, *Puls.* 1ˣ. Nausea, with slimy secretion about the mouth bitter taste, anorexia and constipation, *Acid. nit.* 1ˣ, *Chelid.* Dropsy, *Fer. mur.* 1ˣ, *Digit.* θ, *Scilla* 1ˣ. Pericarditis, *Arsen.* 3ˣ. Bronchitis, *Ars.* 3ˣ, *Kali bi.* 3ˣ. Laryngeal œdem., Apis.

Lardaceous Disease. If of syphilitic origin, *Merc. cor.* 3ˣ, *Kali hyd.*; if evidence of fatty degeneration, *Phos.*

Renal Asthma. *Amyl nitrite* 2ˣ.

Coma and convulsions in nephritis of pregnancy, *Apoc. can.* θ.—J. Gibbs Blake, M.D., in the *Monthly Hom. Rev.*, November 1st, 1884.

Painless Extraction of Teeth.—Tincture of Cannabis Indica as a local anæsthetic is perfectly satisfactory. With its aid, teeth may be extracted painlessly. The tincture should be diluted three or five times, according to the duration of the operation. The diluted tincture is then applied in cotton-wool to cavities, if such exist, and also about the gums of the painful teeth. The beaks of the extracting forceps are, also, after being warmed, dipped in the diluted Cannabis Indica.—*Chemist and Druggist*, November 15th, 1884.

Toxic Effects of Chrome on the Nose, Throat, and Ear.—Workmen engaged in the manufacture of chrome suffer from a series of symptoms referable to the respiratory tract, especially the nasal cavity, and its dividing septum. The most prominent lesion is a destruction of the cartilaginous septum of the nose; perforation occurring, generally, with great rapidity, according to Dr. John N. Mackenzie, sometimes as soon as 48 hours after exposure to the exciting cause. It is commonly preceded by general congestion of the mucous membrane, with more or less epistaxis, coryza, etc. The mucous covering of the septum is quickly destroyed, and the cartilage laid bare, necrosis of the latter soon following when the mucous membrane is destroyed; a crust forms, which becomes closely adherent, and beneath which, the corrosion of the septum proper goes on. After perforation takes place, there is also a tendency to crust-formation about the edges of the artificial opening. The most frequent seat of perforation is the antero-inferior portion of the cartilage, or that portion which is most directly exposed to the action of the particles of bichromate of potash. Occasionally, the ulceration is observed on the turbinated bones and in the naso-pharynx, lower pharynx,

and, occasionally, in the larynx. The condition of the lower respiratory tract is that of inflammation, characterized by intense redness, moderate swelling, with tendency to inspissation of secretion. Ulceration also attacks the hair follicles in the nasal vestibule, causing a dryness and itching, with falling out of the vibrissæ. As the ulcerative process in the nose and retro-nasal space advances, the secretion becomes muco-purulent, and portions of the necrotic tissues are expelled, either in shreds or as a fine detritus mingled with the greenish-yellow discharge. There is a sensation of heat or burning in the nose and throat, and, sometimes, intense headache referred to various portions of the cranium. The sensation experienced is sometimes described as that of a bubbling or boiling, as of water in a cauldron, in the vertex. Fœtor is never a prominent symptom. Purulent inflammation of the drum cavities also occurs, with perforation of the tympanic membrane, and the consequent development of otorrhœa. Gmelin, of Tübingen, found that the bichromate of potassium, when introduced beneath the skin of a dog, produced on the fourth day difficulty of breathing and deglutition, and the post-mortem revealed general inflammation of the respiratory tract, with bloody and fibrinous effusion. Inflammation of the respiratory tract has also followed the taking of the drug by the stomach.—*Journ. Amer. Med. Assoc'n*, November 29th, 1884.

Iodide of Potassium Eruptions.—At the meeting of the American Dermatological Association, Dr. Morrow exhibited a case of iodide of potassium eruption remarkable for its multiformity. The patient was syphilitic. The lesions appeared suddenly and were accompanied by lachrymation, coryza, and œdema of the face and eyes. The whole nose presented a fungoid red appearance, being greatly enlarged. The forehead, face, neck, and forearms, were also the seat of the eruption. On the left cheek was a furuncle, over the malar bone was a large dark bulla. On the forehead were many papules and pustules. The eruption on the back of the neck resembled molluscum contagiosum. On the forearms there was a variety of eruptive elements, papules, tubercles, vesicles, pustules, and bullæ.—*Journ. Cutan. and Vener. Dis.*, December, 1884.

News, Etc.

Dr. Bernard, of Mons, Belgium, is dead. We will give an obituary notice of him in our next number.

Cholera.—An official report reaches us that with the exception of Toulon the cholera has entirely disappeared from France.

Hospital Physicians Elected.—Drs. Silas Griffith and T. S. Dunning have been elected visiting physicians of the Children's Homœopathic Hospital of Philadelphia.

Transactions of the Homœopathic Medical Society of Pennsylvania for 1884 are now ready for distribution to all entitled to receive them. Any member, whose dues for 1884 are paid, who has not received a copy, will please notify the undersigned, and it will be forwarded to him.

R. E. Caruthers, M.D.,
December 18th, 1884. 107 Arch St., Allegheny, Pa.

Homœopathic Medical Society of the State of New York.—The Thirty-fourth Annual Meeting of the New York State Homœopathic Medical Society will be held in Albany Tuesday and Wednesday, February 10th and 11th, 1885. Our friends will be cordially welcomed. For particulars apply to John L. Moffat, M.D. Secretary, 17 Schermerhorn St., Brooklyn, N. Y.

Rules for Drug Proving issued by the Directors of Provings American Institute of Homœopathy—*Objects to be attained by New Provings.*—For the purpose of gaining more complete knowledge of our remedial agents, and making our Materia Medica more useful, this committee advise that new provings be undertaken with three special objects in view, *viz:*

First.—To learn the evolution of drug effects, by observing the order in which the various functions of the body are disturbed.

Second.—To discover the primary and secondary effects of drugs upon the various special organs and tissues of the body, observing which organs are excited, and which are depressed in each stage of the proving.

Third.—To induce in man (within the limits of safety) the objective symptoms characteristic of the drug under experimentation: and in animals by gradually increasing fatal doses, the extreme functional derangements and organic changes, which that drug is capable of producing.

The Methods of Proving.—As these various lines of investigation cannot be pursued successfully by one method of proving, *we recommend that three series of experiments be made with each drug.*

Each prover is requested to begin with series I, and proceed in order with series II, and series III, allowing a sufficient interval between each series for the subsidence of all drug effects.

Series I.

Experiments made with single doses of attenuated drugs for the purpose of learning the place of beginning of drug action and the order in which the various general functions of the body are disturbed thereby.

Medicine for proving will be issued in a package plainly marked "Series I," *with a letter or sign to indicate the remedy.* (The name and attenuation will be given after proving is returned.) The package will contain several parcels marked in duplicate numbers.

When ready for proving: having complied with the rules hereinafter mentioned, take the contents of parcel No. 1 at one dose half an hour before breakfast. If no symptoms arise therefrom, the following morning the contents of parcel No. 2. So continue daily taking them *seriatim* until drug symptoms are produced.

Having obtained some effects though slight and unsatisfactory, *take no more medicine for a week or until every function is normal.*

Health being restored, the next number may be tried. So continue keeping a record of every attempted proving and of entire failures. When a satisfactory proving is obtained (one that presents symptoms involving every function of the body more or less), it is desired that after sufficient delay, this proving be repeated *using the duplicate number.*

Series II.

Experiments made with a single dose, in material quality (not dangerous), for the purpose of determining the primary and secondary action of the drug, uninterrupted by repeated doses of the same, or by an antidote.

Medicine will be issued in a package marked "Series II," with letter or sign to indicate the drug (the name of drug will be given to a physician or

friend of prover under pledge of secrecy). Each package will contain six parcels marked in duplicate, No. 2 being threefold stronger than No. 1; and No. 3 in like degree stronger than No. 2. The prover may elect which parcel to try, being governed by his sensitiveness to drug action.

Being prepared for proving, take all the contents of the selected parcel, at one dose, half an hour before breakfast. If the effects produced by this dose are not satisfactory, the experiment may be repeated with the next higher number, after the health is fully restored. If a good proving is obtained from the first attempt, it should be repeated in due season *using the duplicate number. On the second trial the dose should be taken on retiring at night.*

Series III.

Experiments made with repeated and increasing doses, for the purpose of obtaining the cumulative action of the drug, in pathological changes of function and structure.

Medicine will be furnished in bulk, the package being plainly marked with name of remedy. Instructions will accompany the parcel indicating in a general way the size of first dose and interval of time between doses. The size of subsequent doses and the extent to which the proving shall be carried must depend upon the zeal of the prover. When the limits of safety have been reached in the person of the prover, it is desired that further experiments be made upon animals with gradually increasing doses, until death results. Then a careful autopsy should be made and a full description of every diseased part found by this examination should be embodied in the proving.

In all experiments, especially in Series II and III, every prover should be examined daily during the proving, by a physician other than himself, and every approved means of diagnosis should be made use of—the clinical thermometer, stethoscope, laryngoscope, ophthalmoscope, microscope, delicate balance, uro-analysis, and such other means as may be required for a thorough description of the condition of the prover. A careful record of each daily examination should be embodied in the proving. Care should be taken to record the normal condition with the same instruments and the same accuracy as the abnormal.

Qualifications of Provers.—Provings should be made by persons of each sex. Perfect health (being impossible) is unnecessary for successful proving. It is needful, however, that the prover shall be at the time of proving, in his usual health, with every function acting regularly. He should be free from unusual care or fatigue, and should have sufficient leisure to give attention to the symptoms as they develop. He should be capable of giving an intelligible account of symptoms experienced, and able to put a bridle on his imagination. During the proving, no change should be made from the usual habits of eating or drinking or in the use of stimulants.

The Record of Provings.—Before an experiment is begun, record in your day-book your name, address, age, height, weight, temperament, the color of eyes and hair, the daily amount of stimulants and narcotics used, any personal idiosyncrasies, any hereditary tendencies, and all former ailments if severe, in the order of their occurrence, with any chronic lesions resulting therefrom. These noted, give your normal pulse-rate when at rest, also the number of respirations per minute. Record the exact time of taking each dose and of every symptom as it arises.

After taking medicine of Series I, the record of the first half hour should include all observable sensations or bodily phenomena, whether normal or abnormal The first effects of such a dose will sometimes be manifested in *increased physiological activities*, presently followed by morbid symptoms. As

the first are of equal importance with the later, these earliest disturbances should be carefully noted.

Describe as explicitly and briefly as possible the character and locality of pains, especially whether deep or superficial. Notice conditions of aggravation or relief. Make record of every act of defecation or urination, or delay therein. When stools are painful or abnormal, describe their character. When the urine is abnormal in color, or quantity, or frequency, or is passed with pain, have it carefully and thoroughly tested by every practical method. Be careful to observe slight and transient excitement of the heart or genital organs when no other cause exists; also temporary variations in the muscular or nervous tone, shown by sudden debility, or passing mental conditions. Observe the sleep-producing effects of the drug. Observe the color, warmth and dryness of the skin, as well as sensibility. Count the pulse every fifteen minutes after taking medicine, until permanent rise is obtained record only variations. When sensations of heat or cold are experienced, count the pulse and try the bodily temperature. When pulse rises above or falls below normal, try the temperature. When sensations of exhilaration (mental or physical) are experienced, try the pulse.

While the record is open, omit no symptom that arises after taking the drug, though it may seem to be due to other causes.

Record any extreme variations in the weather or any other accidents or influences which might affect the health during the proving.

When provings of the first series are made, the record may remain open five days, during which no medicine of any kind should be taken.

When provings of the second class are made, the record should remain open two weeks, as symptoms sometimes disappear entirely and then reappear.

If an antidote must be taken, record the subsequent symptoms separately.

When provings of the third series are made, symptoms may arise for an indefinite period. The record should be closed as soon as average health is restored.

In provings of the 1st and 2d series, the record of effects following each dose should be kept entirely separate one from another.

Correspondence with the Secretary.

When provings are completed, have them copied in ink on commercial note paper, giving with each record the number of series, letter and number of parcel. When complete send to our Secretary, Dr. A. W. Woodward, 130 Ashland Avenue, Chicago. Those whose provings are accepted, will be credited by name in publication, and will be entitled to a copy of *Transactions* at cost.

All persons desirous of making provings, will apply to Dr. Woodward, stating which series they will undertake, whether Series I, or II, or III, or all of them. Medicines for proving will be furnished free of charge. Those who desire to compete for the prizes offered by this committee will be required to make provings by every method herein specified.

D. J. McGuire, M.D., *Chairman.*
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THE DIAGNOSIS OF OBSCURE DISEASES OF THE ABDOMINAL ORGANS,—WITH CASES.

BY J. W. DOWLING, M.D., PROFESSOR OF PHYSICAL DIAGNOSIS, AND DISEASES OF THE HEART AND LUNGS, NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

It is with confidence that the experienced diagnostician undertakes to solve the mysteries of disease affecting the organs contained within the thoracic cavity; for here the signs of health are constant and readily observed. So with the signs of every pathological change in any of the thoracic organs. Indeed, the physical signs of diseases of the larynx, trachea, bronchial tubes, air-vesicles, pulmonary parenchyma, the heart with its membranes, and the large arteries are so constant that, even if the patient be deaf, dumb, and blind, utterly unable to communicate a single subjective symptom, the professed specialist would be culpable should he after a careful examination make an error in diagnosis.

How different with diseases of the abdominal organs! Scarcely a pathological change in any of them that can be constantly diagnosed with certainty! How frequently do we read of disputes between surgeons of note, as to the diagnosis of some obscure disease of the stomach, liver, intestinal canal, pancreas, kidneys, bladder, uterus, and ovaries! Even an aneurism of the abdominal aorta has been undiscovered, after a careful physical examination by an experienced surgeon. And how often has a diagnosis of aneurism of this vessel been given, when an autopsy has revealed an enlarged pancreas, or perhaps no lesion whatever, so far as the abdominal organs are concerned, the pulsating vessel noted during life being merely one of the many symptoms of anæmia arising from disease of organs remote from this large cavity! How often have the abdominal walls been incised, after all preparations had been made for

the removal of an ovarian cystic tumor, the incision being hastily closed by sutures, after the escape of a few pints of ascitic fluid which had become encased between adhesions of the peritoneum, the adhesions being the result of some old inflammatory trouble! In some of these cases the diagnosis has been made after the microscope had revealed to the eye of an expert with this instrument the presence of Drysdale's corpuscles in fluid previously withdrawn with the aspirating needle. On more than one occasion a phantom tumor of the abdomen has been mistaken for an ovarian growth; and once, within my own knowledge, preparations were actually made for its removal, medical guests and assistants invited, instruments arranged, and ether administered, when suddenly, as if by the wave of a magic wand, the tumor collapsed never to return. The surgeon did not commit suicide, as did one who once opened an aneurism of the carotid, supposing it to be an abscess of the neck, but his face bore the perplexed expression of the child hunting for his toy-balloon which had burst under the weight of his little body.

"Dr. Bright mentions a case in which the surgeon was so thoroughly convinced of the existence of a cyst, that he was induced to perform ovariotomy, when, as was afterwards proved, the fallacious appearance was solely dependent upon a tympanitic condition of the abdomen." (See Gross's *Surgery*, vol. ii., p. 647.)

Only a few years since, colotomy was performed on a former patient of my own, "who was dying from the constitutional effects of cancer of the rectum of long standing," by a prominent New York surgeon, who attributed the rectal stricture to non-malignant disease of the canal. How many patients have recovered from "incurable disease of the kidneys!" In one case, that I knew of, even after cancer of the kidney had been diagnosed from "symptoms, signs and microscopical examination of the urine, pointing to that disease," the patient was subsequently restored to perfect health; and so with other equally incurable diseases of the bladder, liver, stomach, intestinal canal, and pancreas.

I have frequently, when at social medical gatherings, been impressed with the uncertainty of the interpretation of symptoms, backed up though they were by physical signs—so far as diseases of the abdominal organs are concerned.

After the relation of the case—each physician present being asked for his diagnosis—as many differing diseases would be mentioned as different drugs on other occasions, when a train

of symptoms had been given, and each physician present had been asked to name a drug most homœopathic to the case.

In the diagnosis of pathological changes in the organs contained in the thorax, we need ask no questions of the patient. As was before stated, the signs, in but a few exceptional cases, are amply sufficient. But, in diseases of the abdominal organs, we are largely dependent in forming a diagnosis on the character of the sensations and the sufferings of the patient. Even after a careful consideration of these, and the presence of physical signs which, combined, point with almost absolute certainty to one of the many incurable diseases, we should be guarded in diagnosis. Only a year ago I had a case in point. A lady of fifty years of age came under my care with a diagnosis of cancer of the stomach. There was a perceptible tumor in the epigastrium to the right of the median line, about where the pyloric orifice would be located were the stomach of its normal size. There was an apparent cachexia. The patient was emaciated to a skeleton. Not even a tablespoonful of liquid of any kind could be retained in the stomach. Vomiting was incessant. Weeks had passed since she had retained a particle of nourishment. The ejected matter had the peculiar coffee-ground appearance which indicates capillary hæmorrhage from the walls of the stomach. A microscopical examination demonstrated the presence of blood-disks and pus-corpuscles in abundance, sarcinæ, mucus and granular substances. There was a constant feeling of uneasiness in the stomach, and sensitiveness on pressure. The onset of the disease had been gradual, and the condition described above had existed with but little change for several weeks prior to my first visit.

With such a train of symptoms and physical signs, is it any wonder that the diagnosis "cancer of the stomach" had been given?

I gave a guarded diagnosis, and a very unfavorable prognosis. The question being put as to the necessity of sending to the far West for an only son, if he desired to see his mother alive, I advised that he be sent for. Although the patient had been under homœopathic treatment, one thing had been neglected—*rectal alimentation*. I ordered the injection of one ounce of a mixture of peptonized beef and Murdock's liquid food every three hours, and gave a dose of the third centesimal trituration of Arsenicum every four hours. She retained the injections, and soon the vomiting spells became less frequent, and finally ceased entirely, and improvement was evi-

dent, with gradual regaining of strength and flesh. After three weeks of this treatment, I tried administering food by the stomach ; there was a return of the vomiting, and all of her distressing symptoms. Of course, it was discontinued, and for several weeks not a particle of nourishment was administered but by the rectum. She improved, and is to-day perfectly well.

If I did not believe carcinoma of the stomach to be absolutely incurable, I should herald this as a case of cancer of the stomach cured by treatment. What was the pathology of this case?

Some years since, a professional friend of mine had a case somewhat similar to the one just narrated. There were many of the same symptoms, and a hard tumor could occasionally be felt; but at times it was impossible to distinguish it. With the exception of my friend, then a young man, all who examined the case pronounced it cancer of the stomach. His doubts were founded on the absence of some of the prominent symptoms of that disease. The woman finally died. At the autopsy a chronic gastritis was found, but no cancer. A large irregular mass of an exceedingly offensive odor was found free in the cavity of the stomach. This had evidently given rise to all of her sufferings. It was remembered by a member of her family that some years since she had swallowed a piece of Rhubarb that she was holding in her mouth. The accident occasioned considerable alarm at the time, but, no unpleasant symptoms following, the occurrence was soon forgotten.

The foreign body, too large to pass the pylorus, had evidently acted as a nucleus for the accumulation of the various contents of the stomach, until finally, by its size and septic nature, it acted as a constant source of irritation, producing inflammatory conditions which, with the general anæmia resulting from faulty nutrition, caused her death. Could any one be surprised at the mistake in diagnosis?

Dr. N. K. Bennett, of Brooklyn, who is the physician who had charge of the case, in reply to a note of inquiry from me, says:

"The substance which I took from my deceased patient's stomach proved upon examination to be Turkey Rhubarb. I have it still in my cabinet. How long previously it was swallowed, we could not determine. A long period, however, without doubt. When I first removed the substance, it was about the size and shape and color of a champagne cork, *i. e.*, $2\frac{3}{4}$ inches long, $1\frac{1}{4}$ inches through at the top, and $\frac{3}{4}$ inch at the bottom.

"The patient's husband declared that, for twenty-five years or more, his wife had been chewing Turkey Rhubarb for constipated bowels, going to bed at night, invariably, with a piece in her mouth. Upon this testimony I reasoned as follows: Some night, the patient, retiring with the Rhubarb in her mouth, had swallowed it without intention, or before she had dissolved it. The piece, thus disposed of prematurely, either on account of its peculiar shape or its unusual size, could not pass the pylorus. Then, as the patient continued to use rhubarb, its particles attached themselves to the undissolved mass already in the stomach, causing it to grow by accretion, until the fatal result was obtained.

"From the pylorus towards the central portion of the stomach, extending about five inches, the mucus membrane was studded thickly with spots of blood, or bloody spots, where the offending substance had evidently knocked about, until a condition of gastritis had been created."

A few months since, I was called in counsel over a very obscure abdominal trouble in a healthy looking woman of fifty. She suffered with occasional attacks of violent pain in the ileo-cæcal region, generally followed by a diarrhœa lasting for several days.

This was the complete history of the case—all. She had the appearance of perfect health; well-nourished; appetite and digestion good; heart, lungs, liver, spleen and kidneys perfectly normal. She had ceased menstruating, and had no history of uterine or other disease, and her family history was good.

There was no pain on pressure in any portion of the abdomen. A careful physical examination revealed nothing abnormal. I was about leaving the case with a diagnosis of chronic intestinal catarrh, when I noticed a gradual but rapid swelling form in the ileo-cæcal region, which grew to the size of half of my hand, with an elevation of about one inch above the surrounding parts. I placed my hand on it, and the swelling as gradually but rapidly disappeared. What could have produced this small phantom tumor? The only theory I could advance was this: Flatus had descended from the ileum through the valve into the cæcum. Instead of continuing in its course through the colon, its progress had been arrested by some temporary or permanent constriction of the gut, of course enlarging the intestine in that locality, and producing the perceptible swelling on the surface of the abdomen. The gas could not, of course, return through the valve. The weight

of my hand forced the flatus through the obstructed portion of the gut and the tumor subsided. A more careful palpation revealed no swelling or hardening of the intestine. I did not see the patient again alive. She recovered from the attack which prompted the consultation. Three weeks later, she had another attack, apparently no more severe than those which had preceded, but from this her attending physician told me she did not recover. Although the violent symptoms subsided, she complained of a constant throbbing pain in the right iliac region; this continued for some two weeks, when, suddenly, it became intense, and was soon diffused over the entire abdomen, the belly became distended with gas and sensitive to the touch; her temperature rose, and three days after the sudden aggravation of the pain she went into a collapsed state and died. I was present at the autopsy which took place twelve hours after death. The peritoneum covering the intestines and lining the cavity was of a uniform bright scarlet color. The intestines were greatly distended with gas, and a large quantity of fetid pus was found in the bottom of the cavity. In the cæcum about three inches from the valve was found a cancerous ring which constricted the gut in that locality. The cancerous process had involved the right ovary and the fimbriated extremity of the Fallopian tube. Adhesion had taken place between these and the intestine. Above the seat of the stricture was found an opening through the walls of the intestine. The cæcum contained a quantity of stinking pus. It had been the seat of an abscess, a rupture had taken place, and a portion of the accumulated mass had escaped into the abdominal cavity, giving rise to intense inflammation of the peritoneum, which, as is always the case under such circumstances, rapidly diffused itself over the entire membrane.

On dividing the stricture a piece of an apple-core, three apple-seeds, and a piece of apple-skin rolled into a ball were found lodged in the centre of the stricture.

The various organs of the body were carefully examined, and with the exception of the conditions just enumerated, there was not the slightest evidence of pathological change in any of them.

Here was a case of cancer of the colon and right ovary, without a single physical sign, aside from the one accidentally discovered by me (the small phantom tumor), which had been progressing for a long time. The paroxysms of pain had arisen from some foreign body lodging in the intestine at the

seat of the stricture, and continuing till the obstruction was overcome. None of these had proved serious but the last, which had excited inflammation resulting in an abscess which had broken into the abdominal cavity producing death from peritonitis. Everything was perfectly clear at the autopsy, but positively undiscoverable during life.

About the same time a pathological specimen was shown me, taken from the abdomen of a patient who had died of exhaustion resulting from some obscure abdominal disease which the attending and consulting physicians had failed to diagnose.

The specimen was a portion of the colon taken from a point two inches above the sigmoid flexure. It consisted of a fibrous tissue ring, non-malignant in its character, which, by contraction, had so narrowed the lumen of the gut where it was found, that it was with difficulty that a small-sized lead-pencil could be passed through it. Undoubtedly the patient, at some time in the past, had had an ulceration of the intestine, perhaps simple enough at the time, and by no means endangering life; but the cicatricial tissue developed in the healing process had, by its subsequent contraction, nearly closed the intestine, and thus caused the death of the patient.

I have mentioned but comparatively few of the cases of obscure disease of the gastro-intestinal canal where a positive diagnosis was impossible, which have come under my own observation; but they are sufficient to demonstrate the fact that in by far the greater proportion of cases, an autopsy is absolutely necessary to make the case clear to the physician. But I would not have it understood that all cases are equally obscure, for in my own experience many lives have been saved by a correct and timely diagnosis, with treatment mainly mechanical, founded on that diagnosis. Only two summers ago, while spending my vacation at Lake George, I was sent for by the wife of a clergyman. I found her in great distress with an abdomen enormously distended with gas. She was suffering also with diarrhœa and vomiting, the latter being stercoraceous. Owing to the distended state of the abdomen, it was with difficulty that I could make a satisfactory examination. I finally became convinced that a large accumulation of fæcal matter existed in the ascending and transverse colon. I remained by her bedside for nearly twenty-four hours, repeatedly injecting enormous quantities of warm water into the rectum. I finally succeeded in softening the hardened mass and eventually in removing it. The entire quantity

amounted to several pounds. There was considerable typhlitis and perityphlitis resulting, but by keeping the bowels free, and administering remedies to reduce the inflammation, I finally succeeded in restoring her to health. I have seen and relieved several such cases since, and have also seen one patient die, owing to inability on the part of the attending physicians to remove the obstructing mass, they having been called too late in the history of the case to be of service.

It is not uncommon for us to read of wonderful diagnoses made in abdominal diseases, and of surgical operations founded on those diagnoses which have been successful in saving the lives of patients. I refer particularly to cases of cystic kidneys; but I am confident that in every successful case, the hand of the surgeon operating trembled as he made his first incision, fearing he had made a mistake in his diagnosis. In the fifth volume of the *International Encyclopædia of Surgery*, Henry Morris, Surgeon to the Middlesex Hospital, London, relates a fatal case of cystic kidney, with the results of the autopsy. In commenting on the case, he says: "The man died worn out by the distension and pressure of the tumor;" and adds: "He would not have done so, however, had I known then as I do now how to treat renal cysts."

On the same page he speaks of Dr. Bristowe having recorded a case of doubtful origin, but which he regarded as a hæmorrhagic cyst of the *spleen, kidney, or peritoneum*. It was cured by repeated tapping and the evacuation on the first occasion of a gallon and a half of opaque, dark reddish-brown fluid, and adds: "This case was probably one of simple cyst of the kidney, into which hæmorrhage had occurred."

In speaking of the diagnosis he says: "The difficulty in the diagnosis of such cysts will be apparent from the reports of the above cases. The symptoms excited are merely those of pressure, and are, therefore, like the symptoms of other cystic swellings—hydatids, or cysts of other structures." Further on, he speaks of the liability of mistaking these cysts in women for ovarian disease.

Hardly less obscure are the pathological changes in the liver, spleen, pancreas and peritoneum.

In all of these cases, a certain amount of guesswork must be resorted to in making a diagnosis.

A few simple rules for guidance in the diagnosis of abdominal diseases will perhaps be of service in closing this article.

It is to be taken for granted that the physician, before undertaking to diagnose diseases of the abdominal organs, will

make himself perfectly familiar with the anatomy, physiology, and pathology of every organ contained within the abdominal cavity.

He must be able to locate accurately every organ, and must be thoroughly familiar with the outlines of those organs, and the relation they bear to the abdominal walls in health. He must have a knowledge of those diseases of the thoracic organs which displace the abdominal organs, or interfere with their functions, or which produce pathological changes in them.

After obtaining the family and personal history of the patient as to disease, he must inquire particularly as to his habits of life, sedentary or active; his habits as to indulgences of various kinds—eating, and particularly as to the amount of indulgence, if any, in the use of spirituous drinks; for I am quite safe in asserting that by far the greater proportion of the diseases of the stomach, intestinal canal, liver and kidneys of a non-malignant nature, result directly or indirectly from the indiscretions of life: too much food with too little exercise, and the abuse of alcohol in its various forms.

Inspection, palpation, mensuration, succussion, percussion, and auscultation,—each have their place in the examination of the abdomen and its organs.

As auscultation and percussion are our main reliances in the diagnosis of diseases of the chest, so, palpation and percussion are our main reliances in the diagnosis of diseases of the abdomen.

Inspection.—The normal abdomen is neither too prominent nor too flat. The former may be owing to ascites, to accumulation of flatus, or to abdominal growths, or accumulation of fat in the omentum or abdominal parietes; the latter, to emaciation, lead-colic, or to diseases of the spinal cord or meninges of the brain.

There should be perfect uniformity of the two sides—in every position which the patient may assume.

The surface should be perfectly smooth, free from irregularities and visible pulsations.

Lack of uniformity of the two sides, irregularities, elevations, or pulsations, should call for a careful, physical examination.

Only when the abdomen is greatly retracted, can the outline of the liver be made out by inspection.

Palpation.—In health the liver is the only organ that can be distinguished and outlined by palpation. And, if the lower border of this organ can be found below the lower margin of

the ribs, in the right nipple line, or below a point midway between the umbilicus and the ensiform cartilage in the median line, unless it is forced down by some accumulation in the pleural or pericardial sacs, or by an emphysematous condition of the lungs, it is conclusive evidence of enlargement of the organ. It is to be remembered that the liver does not enlarge upwards, unless its descent is prevented by some abdominal growth or distension of the intestines with gas, or of the peritoneal cavity with fluid.

The spleen does not enlarge upwards with the exceptions given above for the liver; and, if the organ or its lower or right border can be distinguished by palpation, it is conclusive evidence of its enlargement.

The kidneys, the pancreas and the ovaries are not perceptible to palpation in their normal state. So with the bladder, unless distended, and the unimpregnated uterus, except by deep and painful palpation.

If any irregularities, hardness or pulsations, exist in any portion of the abdomen below the border of the ribs and a line connecting these points drawn across the abdomen, they will be conclusive evidences of pathological conditions, or of the accumulation of fæcal matter.

If a tumor be found, it may be of the broad ligaments, ovarian, uterine, an enlarged spleen, a cystic kidney or ureter, a floating kidney, an enlarged liver or pancreas, an accumulated fæcal mass, an hypertrophied bladder, an abscess or encysted accumulation of ascitic fluid, fluid free in the peritoneal cavity, incarcerated flatus, or aneurism of the abdominal aorta.

Percussion.—Over the liver, the spleen and kidneys posteriorly we have dulness on percussion. In every other portion of the abdomen, we have tympanitic resonance of various grades, except in the hypogastric region when the bladder is distended. If dulness is found in unusual localities, it is conclusive evidence of pathological conditions, accumulated fæcal matter, of a distended bladder, or a gravid uterus. What was said under the head of palpation will apply here.

Auscultation.—It is rare, except in aneurism of the aorta, that auscultation is resorted to in the diagnosis. We listen for the pulsation of the fœtal heart in suspected pregnancy, and for the peculiar gurgling in the ileo-cæcal region in typhoid fever, and the existence of a murmur over a pulsating tumor of the abdomen is corroborative evidence of aneurism of the abdominal aorta.

Mensuration.—If the distance from the median line ante-

riorly to the spine or sacrum of one side does not accurately correspond with that of the opposite side, it is conclusive evidence of pathological changes.

Mensuration is useful in recording the increase or lessening in the size of abdominal growths, or the distension of the abdomen from gas or fluid.

Succussion.—The peculiar splashing sound of succussion can only be heard when air and fluid exist together in the peritoneal cavity or intestinal canal.

With all of these means for diagnosis at our disposal, uncertainty, I repeat, always exists in the diagnosis of disease of the abdominal organs.

ALOE.

BY RICHARD HUGHES, M.D. LONDON, ENG.

ALOE SOCOTRINA, LAM. GUM ALOES. NAT. ORD. LILIACEÆ.

I. PROVINGS.

1. Every healthy person who takes a certain quantity of A. has some stools from it. He experiences otherwise no symptoms, unless it be sometimes a little heat and uneasiness in region of liver. The effect is rarely felt for the first eight hours, often not till after twelve hours, and this whether the dose is great or small. The stool is often preceded by some pinchings, and at times accompanied with tenesmus. The excrements are mixed with bile; they are not watery, and have an odor quite *sui generis*. The effect of A. on the stools is the greater the more inclined one is to free biliary secretion. By the evacuations provoked by A. the system is not refreshed as it is by purgation induced by other agents, especially by the neutral salts; it is rather a little heated, and that the more according as the evacuations are copious and frequent. If the dose is strong, the pulse is often quickened, dryness of the mouth and thirst are induced, the urine is passed in smaller quantity, and is burning; there is felt in the hypogastrium a disagreeable warmth, sometimes even a throbbing, and in the right hypochondrium pressure and tension are noticed. If the use of the A. is continued for many successive days, its effects increase, unless the dose is diminished; this applies also to the heating. If the subject is disposed to hæmorrhoids and to too copious menstruation, A. sometimes provokes hæmorrhoidal sufferings and augments the catamenial flow. Small doses, moreover, often cause erections, and increase the sexual appetite. (WEDEKIND, *Rust's Magaz.*, xxiv., 2, 304.)

2. A. hardly ever does more than produce one stool, which seems to be merely an evacuation of what may be supposed to have been present for the time in the great intestines. It is remarkable that it does this in a very small dose, and it is equally remarkable, that though the dose is increased to ten times the quantity the effect is much the same. I have found that hardly any dose under twenty grains will procure a liquid stool, and when it happens, it is always with pain and griping. . . . As A. operates especially upon the intestinum rectum, there may be a foundation for the common opinion of its producing hæmorrhoidal affections; and from the large and frequent use of A., I have had instances of such effects. (CULLEN, *Treatise of the Materia Medica*, ii., 525.)

3. In the course of three years GIACOMINI took 120 grammes of A. One to three grains taken fasting caused, usually, a few eructations tasting of the drug, but always increased feeling of hunger, and after eight to ten hours, often after previous pricking in the bowels, one or more light copious stools of soft yellowish-brown fæces, mostly accompanied by discharge of flatus, and having a strong and peculiar odor at times; the evacuation was repeated more scantily some hours afterwards. Eight to ten grains appeared not to increase these effects, although the pulse (after three hours) was slowed. At sixteen to twenty grains, evacuations only seldom occur which can be said to be effects of the remedy; in place of this the pulse is slowed four to eight beats in a minute, and the urine is copious and turbid. Once after a scruple dose, the stool only occurred after twenty-eight hours, and there was nothing further to be observed than a certain anxietas. After thirty grains between morning and evening, followed a night of perfectly calm sleep, but on the next day there were two tolerably fluid stools, copious urination, general depression, and very urgent inclination for food. In his numerous experiments instituted with small doses, he sometimes experienced biting pains in the intestines, which were (he says) the forerunners of the pending evacuation, and manifestly depended upon the descent of the separate intestinal humors. (*Trattato Filosofico Sperimentale*, 1833, iv., 336–8.)

4. A. B., a young physician, proved A. in 1833.

a. Took one grain at 6 A.M., and shuddered 40 minutes thereafter. In four hours feeling as if head were expanded from within; a single twitching, drawing over left eye and outwards through it; after a meal, coldness (objective and subjective) of hands and feet, latter grew warm after walking,

former less so, in evening both warm; late in getting to sleep. Urine transparent, dark, not increased. Awoke at 3 A.M. with hasty urgency to stool, dull gripings, movings about in abdomen, thin, pappy, copious evacuation, afterwards feeling as if more would come. Woke again at seven completely active; had canine hunger in forenoon, at noon sore pain in right vertex, touching hair hurts the spot later, in evening same pain in other small places; in afternoon and evening pressive boring in left temple, followed by stitching, drawing in left eye outwards coming from brow; bruised pain between and on scapulæ, as after long stooping. On third day, awoke at seven with feeling of hunger and urgency to micturition; during forenoon, copious emission of light-yellow urine, and two extra stools; at 11 A.M. driven to urinate quickly, he can scarcely hold it; feeling as if he had taken cold in bowels, after the morning stool; pressive or paralytic drawing in right upper arm near the shoulder, at rest and in movement; drawing stitches, not deep, over right temple; tensive numb sensation spreads from forehead over scalp, with feeling of increased warmth; in afternoon, more frequent, quicker urgency to micturate, with less quantity than in morning; in evening and next morning while lying in bed sprained feeling in several joints. During these days, face had pale, sickly color. On fourth day, awoke at three with urging to urinate, and had a copious, thin, pappy stool without straining; felt also pressive pain in pharynx, feeling of rawness and swelling, especially on swallowing, with hawking of thick mucus (all going off on rising). Remained wide awake till six, when he had movement in umbilical region, with urgency to stool and hunger; a second stool followed, with flatus and a sort of tenesmus; at seven a third stool with straining; when he thought he had finished, still more came; at eleven a fourth stool; drawing in front of urethra when sitting; drawing tension on right side of neck as if in muscles, burning on stooping (same sensation second and third day); pain in and about meatus auditorius almost like ear-ache; also when closing jaws sense of numbness behind the ear, drawing down to lower jaw through a back tooth; dull drawing and shooting on right forehead, confusing head, and compelling him to make the eyes small. On fifth day, in morning on rising, hawking of thick, tenacious, lumpy mucus, like jelly, easily detached; soon after breakfast hungry feeling in stomach, with collection of water in mouth; afternoon, some blood blown from nose. Throughout day increased urgency to micturition, urine not more copious than usual.

On sixth day, sleep having been bad, was excited mentally, yet dozy; and had violent urging to micturate.

The tenesmus was occasioned by an unpleasant sensation in anus, as if more fæces would follow, which must be held back on account of soreness; yet for same cause cannot draw anus together.

b. Took four grains, washed down with some water, in forenoon. Soon after, pulse became very slow (55), weak and suppressed, and there was coldness, especially through legs; half an hour later, pulse still sub-normal in force and frequency, but face was warm and flushed, and he felt lively and excited; in one hour warmth in stomach, with feeling of hunger, pulse 60, weak, sometimes intermitting a beat. During siesta, no sleepiness, feet and hands cold, only warming up gradually. Urine passed in afternoon was, after standing, cloudy with whitish sediment (cloudiness finely granular); it was small in quantity, and of foul ammoniacal odor. Felt unusually vigorous at this time, but weary early in evening; had sensitive drawing pain in head, most externally; more pressure to urinate but less passed; drawing pains in hands and feet. The night was restless. On rising, hasty urging to stool, with continued rumbling in abdomen; sputtering after stool; some rawness in fauces, chiefly in soft palate and uvula, with some hoarseness of voice, which disappears during breakfast, but returns (forenoon) on going into cold open air. Pulse after rising, 60, weak and suppressed; in afternoon over 60. A painful crack in under-lip, near right angle of mouth. This day and next dry lips, looking whitish, if not frequently moistened; and now and then weakness of whole chest. At 2 A.M., on third day, woke with urgency to urinate; same urgency on rising at 5, and again at 8 and 9.30, no increase of quantity. Every time he passes urine, he feels as if some thin fæces would escape with it. Pulse early was 70; at 3 P.M., 62. Long dozy midday sleep, cannot arouse himself; frequent yawning after it. In afternoon, excitement of mind and body; sensitive jerking, drawing, as in flesh, from the fore-arm to middle hand, six or eight times in quick succession, while sitting still and writing; sudden attacks of coryza. In evening, cold feet, hindering his going to sleep. On same day are noted: labor soon becomes tedious to him; dryness of mouth; sickening odor from mouth, noticeable to himself, as if he had been long without food on a warm day; frequent desire for food, ate apples between meals; much flatulence; stool passed without his needing to make any exertion,—fell, as it were, out of rectum; highly

colored urine, of strong odor, remaining clear. In night, right testicle felt cold to touch; no sound sleep; cold; woke at 3 A.M. from a mass of confused dreams. On then getting up, chill, lasting throughout day, in open air and in room; very sensitive during its continuance; in afternoon, it is more severe, runs through skin of whole body, with some oppression in forehead; in evening feet only remaining cold. Coryza also during whole day. After mid-day meal dozy, half-sleep, eyes heavy. In evening severe stitches in middle of the chest, about sixth rib, hindering deep inspiration. On third also, little disposition to mental exertion; feels discouraged as to success; no appetite for meat this day or next; frequently a sensitive drawing in different parts of body, as if involving bones; sooner fatigued on movement; from this till eighth day, nostril scabby and sensitive within. Since rising, palate and fauces felt swollen, and increasingly during day, on empty swallowing and yawning. There was pain in arches of palate. On fifth and sixth days these sensations continued; swallowing food did not hurt; on chewing, sides of soft palate pained as if sore, or as if burnt by hot food. At various times on these days, urgency to stool, which he could overcome; with stool always a feeling as if still more were at hand. No mid-day sleep on fifth day; in evening, pressure in right eye-ball, severe but transitory; during day at times, a flying pain in left meatus auditorius externus, especially during mastication; early, while stretching, a shooting drawing in left chest in region of sixth and seventh ribs, only superficial, but hindering respiration. From this to eighth day weakness of chest on bodily exertion, and from sixth to eighth, lips as on second and third, the underlip swollen, with a thick-skinned flat vesicle at inner margin of red, of size of flaxseed, yellowish; it makes lip thick. Throat as on fifth and sixth days. On seventh day, peculiar sensation on last phalanges, of left hand particularly, as if hairs there raised themselves slowly; it seemed as if a hair lay on fingers. On eighth day, head was confused, oppressed, uncomfortable.

[Some of these symptoms continued a day or two longer, and fresh ones are noted as occurring up to the twenty-fifth day; but their causation by the drug is too dubious to admit of their insertion. It may also be fairly questioned whether certain of the foregoing symptoms were not due to a catarrhal chill. Eds.] (*Amer. Arzneiprüfungen.*)

5. Dr. Gosewisch took fourth trit., and reports: Headache in morning following incomplete evacuation of bowels, lasting

until a second stool follows a few hours after; stool on following morning is golden-yellow; strong pulsation in anus, while sitting, after dinner. (*Ibid.*)

6. Dr. Helbig took five grains, one afternoon. Next morning, on awaking, aching over a large space in middle abdomen, is compelled thereby to lie bent and to press upon the abdomen, which relieves. After rising, pain passed into mild cutting, and he had two normally colored pappy evacuations. At the same time, pain on inner margin of metatarsal bone of the great toe, on walking and at rest; first, there is a pressure, then follows a slight drawing, as if the pressure extended itself. On third day, on rising in morning, severe aching in a small circle around navel, as if he had received blow from fist on abdomen. He plainly felt the pain, however, in the intestinal canal, and pressure on umbilical region increased it much; therewith yellow pappy diarrhœa and some nausea. The stool is accompanied by pricking in anus, as if it would tear (in front). Afterwards, a continued pain in anal passage, which obliged him frequently to draw it together, whereby it became tense and ached. In evening slight squeezing pain in the ear. On sixth day a jerking pain in region of left lower ribs, internally, from above downwards, and from without inwards (on walking in morning). On ninth day, at night in bed, pressive pain in right fore-arm, beginning mid-way and ending in wrist, where it seemed as if it would force bones of joint asunder.

These are all the *dated* symptoms; but the following, also, are reported: pressive pain in left temple especially, occurring now and then; pressive sensation on vertex; pressive aching at angle of right occiput; aching, like a pressure, in occipital scalp; pustules in right external angle of eye, surrounded by many red vessels; in evening hours, remarkable coldness of nose to touch; thirst, especially for beer, which seems to alleviate pains in anus; bitter eructations for second day; hard pressure pains in region of right lower ribs, alternating with just such pains in upper chest, as if below sternum,—former transitory but more frequent, latter more enduring, but rarer; painfulness of whole abdomen, especially in sides and in front about navel, which parts cannot bear to be touched; on making a false step on pavement it hurts much in epigastrium; stool indeed daily, but difficult to pass, distending rectum first; he must go to stool soon after a meal; after loud rumblings and movements in abdomen, a thin evacuation, passing almost involuntarily, consisting, in part, of thin, yellow faeces, partly of bilious mucus streaking these, thereafter crawling in anus,

compelling rubbing; scraping feeling in throat, producing cough, dry at night, and more moist in morning; chest in front and sides up to axillæ are painful to touch as if beaten, pain seeming to be between bones and flesh, excited also (in front) by deep breathing (with abdominal pain as above, muscles there painful on rising after lying), pectoral muscles painful on moving arms, and abdominal (at costal attachments) on pressing at stool, lasting 8 days; pain in coccyx, as if he had fallen on it; aching in lower knuckles of first fingers of right hand, evening; soles painful in walking on pavement, as if he had made a long journey—also at rest; in evening, biting griping at navel, obliging him to rub it.

The following are observations by Dr. Helbig

a. Q. S. took 2 grains, triturated with sugar of milk. Was morose and ill-humored for several days; on 4th day had severe drawing, sacral pains, spreading over whole pelvis, filling him with ill-humor; they increased in evenings, and lasted eight days.

b. Took 2 grains at noon. Had immediately painful sensation in abdomen; towards following morning, three yellowish diarrhœic stools, therewith dull pain across under ribs, with slight distension, some frontal headache, crawling in bowels, and chilliness, so that he felt very cold whenever he left stove; last stool accompanied by burning in rectum, hæmorrhoidal pains, and much flatus, and followed by constipation for two days.

c. Took an unknown quantity, and had bitter taste, with loss of appetite, and cutting in hypochondria.

d. Another reports downward—and inward—pressing pain towards nose in mid-forehead, and grasping beneath pit of stomach.

e. A girl, aged 9, who licked a piece of aloes, had pressure of forehead immediately, and later displayed unusual cheerfulness.

f. A woman who rubbed tincture on abdomen had (besides some local irritation) aching in upper and middle parts, going downwards, with sense as of stone within, hurting her, and when lying on one side, seeming to move to other. She sweated very much during night, and on next day, was taken with dry coryza and diarrhœa. (*Ibid.*)

7. Dr. Hencke. *a.* Took ten drops of tincture (1 to 5). During first hours had frequent tenesmus, and in night and following day, blunt, stitching pain and grasping between shoulders, most towards right. On second day, had in morn-

ing, nauseating bitter taste in mouth; on rising, sacral pains, and during day, drawing about there, with sense of weight, especially in sitting; head confused, with dislike to any exertion; blunt stitches, now in left, now in right, hypochondrium; sense of fulness in abdomen; pressure and drawing in right renal region; this day and next, two pappy stools. On third day, periodical movements and distension of abdomen, especially after eating; on this day and next, sacral heaviness continues, involving rectum. On fifth and following days, hard evacuations.

Referred to this dose, but without note of time, are — dull stitches through left temple, into brain; dull drawing in left side of occiput; after dinner acrid risings; after breakfast some pressure in epigastrium, relieved by eructations; grasping pain in splenic region; fine cuttings in upper abdomen; periodical drawing in right inguinal region; a transitory, but recurring drawing in left buttock. Cutting pains become worse after any sour food.

b. Took thirty drops in morning. On first day, after twelve hours a thin pappy stool, and in three hours another; also anxious uneasiness, preventing mental labor; pressure about the temples, with periodical heat of face and flickering before eyes; a lasting and griping pain in upper abdomen soon after dinner and supper; the dull sense of weight in sacrum, relieved by walking, recurs, and lasts eight days; on this and following day, periodical clutching in coccygeal region for several minutes at a time; periodical blunt stitches in hepatic region, at times moving into chest, and obstructing respiration; and sensitive pressure in orbits. On second day, in morning, some drops of blood from nose; twisting and griping in upper abdomen and around umbilicus, compelling him to sit bent up, which relieves; therewith repeated urging to stool, but only flatus passes, very offensive, and producing burning in anus, with temporary relief to pains; heaviness in legs. On third day, frequent tenesmus without stool. On all three days, burning in anus for some time after emission of hot flatus.

c. Took in morning two grains, rubbed up with four of sugar of milk. Out-pressing pain in forehead towards temples began soon, and continued, worse on walking, but especially on stooping; in one hour, after frequent urging, scanty, dry stool, with sense as if more would come; in three hours, an internal sense of congestion under short ribs; in afternoon, a slight cutting in abdomen, which increases on movement, or when body is drawn up, relieved by sitting bent; in evening,

emission of very offensive flatus, which gives ease; at night, awakes with blunt stitches in splenic, going to sacral, region. On this day, also, feeling in nose as if blood would come; grasping in both hypochondria; a few blunt stitches in hepatic region; gripings occasionally in umbilical region, sending a shudder through the whole body; pappy stool at unwonted time (ten hours after). On second day, peevish and morose; head confused; dim sight while writing; after evacuation, cutting at navel; stool twice, which is quite unusual with him, more pappy; rush of blood to chest, provoking, several times, dry cough; dyspnœa, with periodical pressure, and grasping in chest, especially in right half; on this and following day, drawing about and twisting in bowels. On third day, pressive pain in forehead, involving orbits. From third to fifth day, very stiff in sacrum after sitting, rising up was difficult; then feeling as of a load in sacrum and pelvis.

Referred to same dose, but without note of time, we have: drawing in lower front teeth; during deep breathing, stitches in præcordia; dyspnœa, and dull stitches in lower part of chest; stitches in right sacral region. (*Ibid.*)

8. *a.* Dr. Hering took one dose of half a grain of the 1ˣ trituration, and subsequently the third. From former, he reports, three hours after, a second soft stool; eight hours after, a third. From latter,—after two or three minutes, pressure in right middle of right half of brain, and cold feeling of left side of tongue; three hours after, sense of fulness like congestion in the hæmorrhoids, later an indistinct urgency to stool, and a second small stool, which was entirely unusual, whereby the hæmorrhoids protrude very much, and there is pain, as if sore and chapped in anus; eight hours after (5 P.M.), again a small, thin stool (quite unusual), followed by much fulness and urging in anus; three to four hours after, on bending to left side, short (one inch long) severe pinching stitches, deep within, at back of left chest, and under left nipple, at times impeding inspiration, changing in a few minutes to higher up in front; in twenty or thirty minutes later, similar stitches in right chest, in same place, less severe; nine hours after, pain, as if sprained and bruised in tendo Achillis, especially of left foot.

The following symptoms, without date, are also referred to 3d: very peculiar vertigo for some days,—during movement, he feels as if he ought to lie down; there is an internal sensation which makes everything seem insecure, and causes great anxiety, then follows coryza, first on left side, then on right,

with copious secretion of mucus, which soon becomes thick, on which the vertigo goes off; wheezing, panting respiration in evening after smoking; sensation as if a hair lay on back of hand and of fingers, many times; itching, first in right, then in left, popliteal space; places scratched sore, pain very sensitively.

b. The following symptoms are marked as provings, but without specification of dose: after one hour, internal pain in left thigh, and pressure on left parietal eminence; on first day, stitches on right head, between forehead and vertex, from above inwards, pain in hepatic region, as if strained from great exertion; and some itching on small spot on inside of left thigh, above knee. On third day, ill-humor, and peevish mood; painful pimples, like nodules, in skin under chin, behind jaw on right side; in forenoon, left hand falls asleep while sitting; in evening, after much straining, with flatus, a scanty stool, with much pressing, small and soft. Fifth day, on left scalp, near vertex, feeling as if it had been beaten, so that pressure thereon is painful, though it does good.

The following are without even note of time: painful compression of head every morning; pain deep in orbits, as if in muscles, worse on right side; pain in back of throat on swallowing; in evening much offensive flatus, loud and silent; early in morning, in folds of skin near anus (left side), a violent, irresistible itching in little points; while stretching out left hand, sense as if nerves were too short, and became dragged with electric-like shock; indolence, and if he sits, he deliberates about standing up; in evening, in open air, frequent violent yawning, without sleepiness. The afternoon was generally his time of aggravation, especially for symptoms of mucous membranes.

c. The following symptoms are vouched for by Hering, but marked .1. Provers seems to have taken daily, small doses of 1^{x} trituration for some days. From him are reported,—dull pain in right side under ribs, the same in all positions, worse while standing, so that he bends himself forwards; burning through whole abdomen; sensation in rectum as if loose; diarrhœic stools on morning of seventh day; pains of weakness in ankles and wrists; for several nights wakes with thirst, drinks a glass of cold water, and breaks out into a sweat. (*Ibid.*)

9. Dr. Koch took 3^{x} trituration, and reports in morning after waking an exceedingly fine but violent stitch on under part of tongue from behind forward, which twice recurs dur-

ing movement of tongue (neuralgia sublingualis); left epididymis very painful, on walking and when handled, whole forenoon; sacral pains on waking, with lassitude; painful weariness in walking, especially in calves, hip-joints, and inguinal region. (*Ibid.*)

10. *a.* Dr. Neidhard took gr. j of 1ˣ trituration, at 10.30 A.M. Immediately, strong sense of firmness of will, and pain in right side of stomach, followed by commotion in lower abdomen with downward tendency. In afternoon, soreness in left side of mouth within. At 5 P.M. crushing sensation in stomach and abdomen, with ineffectual desire to evacuate bowels, but in spite of constant tenesmus nothing results but a violent and easy discharge of flatus. Later in the evening two pappy bilious evacuations, with much wind; also gnawing pain in a carious tooth of lower jaw, which continued off and on—as did also the expulsion of flatus—all the night. During next day all symptoms disappeared.

b. Dr. N. gave to another, gr. ij of 2ˣ trituration every evening for two weeks. First dose caused, in five minutes, weight in abdomen passing down to rectum, lasting five minutes, also a loose pappy evacuation from bowels. Each succeeding dose had less laxative effect, and finally obstinate constipation set in, with knotty passages. Prover also experienced—increased appetite; weakness in right hypochondrium; pressure in anus; more copious and paler urine, flowing easily, but requiring waiting awhile before it came; dryness and inflammation of throat, with cough and expectoration, and weakness of chest. (*Ibid.*)

11. Dr. Pren made four provings with a trituration of one part (by weight) of Cape aloes with three of milk-sugar.

a. Took two grains. On first day moroseness; bitter eructation; feeling of weakness in abdomen as if diarrhœa would result, and after eight hours a copious evacuation with much flatus; in metacarpal joint of fourth finger a frequently recurring shooting and cramp-like pain. On second day very ill-humor, seldom moderated by sadness; peevish towards himself without reason; dull pressive pain in anterior part of head; aversion to drinks, especially cold drinks; distension of whole colon, especially at left flexure, with pain, increased on movement and suddenly disappearing on emission of flatus. On third day, internal restlessness and excitement; drawing cutting pains across and through abdomen all day, with ill-humor, fretfulness, aversion to society, and indisposition to go into the open air, though pain is made better thereby. On

fourth day indisposition to mechanical or mental exertion, with great disposition to desultory thinking; now and again rumbling in abdomen.

b. Took three grains. At 8 P.M. sudden urging, which passes off just as suddenly; at nine diarrhœa; itching and burning in anus, painful to the last degree, prevent his sleeping for a long time. On second and third days, flatulent distension, with overwhelming despondency. On the fourth and fifth days dull pressive pain in hepatic region.

c. Took two grains. On first day, dull pressive pain in supraorbital region; emission of hot flatus, with burning in anus; at night, frequent sudden urging as to soft stool with sense of gurgling in abdomen, passing off as quickly, without stool. This day and next much rumbling in abdomen, and till third day, lassitude and inertia. On second day, great restlessness and excitement, but in middle of the day great laziness; increased appetite; transient stitches in hepatic region; distension of upper abdomen; many times urgency as to diarrhœa, and hot flatus only passes, with great relief, but urging soon returns with sensations as of a plug wedged in between os pubis and coccyx; in evening, a diarrhœic stool; flying stitches in metacarpal joints of hands. On third day, lassitude alternating with great mental activity; some abdominal distension.

d. Took four grains. On first day, soon after dose, troublesome sense of fulness in gastric region, followed by distension of epigastrium and hypochondria, with pain in right hypochondrium, going away after expulsion of flatus, but returning with renewed distension; dull pressive pain in sinciput (afternoon); pressure in stomach with feeling of warmth there; in abdomen flatulence drawing about, with distension; late in evening copious evacuation of bowels, not liquid, in addition to ordinary morning one; outward drawing pain in axilla; painful drawing and stiffness of left middle finger, especially fixed in metacarpal joint; outward pressing pain in right thigh. During the pains everything disgusts him. On second day, indisposition to movement,—and especially to mental labor, which soon fatigues; burning pain in right eye, as if a fine current of hot air passed through axis of vision (this also on previous day); sense of fulness in pharynx, with or without tasteless eructations; great appetite for stimulating food, with fulness in stomach; copious pappy evacuations in morning; dull stitching pains under shoulder-blades; pressure outwards in left axilla, and dull stitching pains from thence to ulna; weariness of right arm; jerking drawing in metacarpal joint

of left fourth finger. On third day, ill-humor and incapacity for labor, with peevish restlessness; pressive pain in forehead from this till fifth day; dull pain in left hypochondrium; hot flatus; distension, especially in epigastrium and stitches as on second; pain and stiffness in corresponding joint of right hand. Smelling camphor relieved troubles quickly and considerably, so that for a while there followed even inclination and ability for mental work requiring clear thinking: after an hour, however, the troubles returned. On fourth day, troublesome beating of external occipital arteries, with cold feeling of back of head; twinging ear-ache, crampy pain in right ear; oppression and painfulness of whole left side of face, extending from an inflamed spot in left mouth and from forehead; pressure in epigastrium and up into pharynx; painful pressure under left sternum alternating with same under right ribs; same in left hypochondrium; distension and drawing in abdomen; excessively painful tearing stitches in second joint of left fourth finger; weight and weary pain in right thigh. On fifth day jerking drawing, blunt stitching pain in finger, knee and elbow joints; several pimples in various places and a furuncle on upper arm. On sixth day, dull stitches in splenic region through left chest, also in supra-orbital region, in frontal eminences, and in finger-joints. On seventh day, much exhaustion and laziness; eructations as on second day; transitory splenic stitches; distension and drawing in colon. On eighth day, lassitude and heaviness in limbs with dull stitching pains in joints. (*Ibid.*)

12 *a*. Dr. Raue took hourly doses of 1^{x} trit., three times in evening and twice next morning. At 9 A.M., tenesmus, after half an hour small thin stool, then for some hours griping in belly as after a chill, and hereupon headache. From 11 o'clock, feeling of dull pressure through whole head, shaking on movement as if brain lay loose in it, sensibly increased in fresh cold air, and even by hanging head down, and for awhile after rising up, a beating, thumping, pulsating pain, especially in occiput; eating relieved for a time. Tongue next day was coated whitish-yellow, and there was bad taste (as after senna leaves) all forenoon; stool occurred as yesterday, preceded by tenesmus and followed by belly-ache, and there was the same headache, but slighter. On third day, no headache; slighter urging to stool all day; two normal motions in evening.

b. A woman proved tinct. and reports: Vertigo as if everything whirled round with her, worse on going up stairs and turning quickly; dull headache all over forehead, with heavi-

ness in eyes and nausea; headache in forehead and vertex (fourth day) like a load, worse in warmth, better in cool air; no appetite, and feverish feeling (pulse 104); much eructation with pressure in stomach (second day); on several days nausea immediately after dose, must sit still to keep off vomiting, therewith pains from stomach to both sides of chest; pressure in pit of stomach through to back, like a load, with soreness, rising and falling, accompanied by frequent eructations; weak feeling in pit of stomach, like a load, and burning there; diarrhœa, during gripings, after midnight, stools yellowish-green, with pain before and after; stitching pain over arch of pubes (fourth day); a sharp pain drawing through groin to middle of thigh; pain in heart, going through to under left scapula; several pains, in rest and movement (second day). (*Ibid.*)

13. Whitey took 1st cent. trit., and reports throbbing headache and (evening) dryness of tongue and mouth, with increased thirst and redder lips. (*Ibid.*)

14. Zumbrock, after triturating drug, observed feeling like tenesmus in rectum near anus, more towards the perinæum; and sudden blunt shoots from below upwards on right side of head, in evening and following morning. (*Ibid.*)

15. B. and St., each æt. 20, former of bilious, latter of lymphatic temperament, took small doses of A. (one to three grains). Symptoms observed were:

a. (St.) Violent stitches in left temporal region, increased by every step; transient stitches in left temporal region; dryness in mouth and much thirst, dry heat in mouth, tongue very red and rather dry; dryness in throat; congestions in abdomen; boring pain in umbilical region; all day, discharge of much fetid flatus; blood comes after stool; burning pain in anus after a hard stool; urine scanty, scalding; at night heavy dreams.

b. (B.) Attacks of vertigo; drawing, shooting pain in left inner ear, afterwards also in the right; superficial cracking of upper lip towards inside, when laughing; stitches in third right hollow molar; throbbing in same after smoking tobacco; nausea; empty eructation; eructation with the taste of ingesta; rumbling, wind on the stomach; fulness of stomach after drinking water, and bilious eructation; pressure and tension in right epigastrium; increased heat in abdomen; rumbling, gurgling, rolling in belly; full feeling in belly; distension; dull stitches in umbilical region when sneezing; discharge of much flatus; pinching before stool; bilious stool; frequent

call to stool; after a pappy stool, straining, but without further evacuation; frequent calls to urinate; urine deep yellow; tearing in right thigh; pulse quicker than usual. (BUCHNER, *Allg. hom. Zeit.*, xx., 263.)

16. *a.* DR. WATZKE proved A. from 20th to 26th of April, 1853, commencing with three drops of tincture, and increasing the dose by one drop each day. From thence to May 2d he took medicine only every second day, increasing as before by one drop daily. The dose was always taken one or two hours before noon meal. The only symptoms he could positively attribute to A. belonged to the abdomen and its functions. On the first days, he twice had an increased tension and a peculiar sensation in the abdomen soon after dinner, with hurried call to stool, only a little brownish, slimy, half-fluid motion being passed. On sixth day stool, though soft and copious, was passed with difficulty and repeated effort. In the last days, feeling of fulness, swelling and heat in the rectum, recurring repeatedly and especially when walking, lasting ten to fifteen minutes. Creeping, itching, smarting on various parts, *e.g.* perinæum, houghs, calves, inner side of thigh, were felt throughout the proving. Thinks it possible but not probable that these symptoms were due to the medicine.

b. The proving was continued in the same manner till May 20th, and from 24th to 31st twenty drops were taken daily in morning fasting. Former symptoms occurred, but more severely. He woke in morning with urgent call to stool, which continued after the (copious) motion. After dinner a small soft stool, followed by sore feeling in abdomen for some hours, as though stool would come. On June 4th, when eating dinner an extremely painful cutting in the bowels prevented further eating: this went off in ten minutes, and was not followed by stool.

c. The after-effects were very persistent, lasting from six to eight weeks. W. enumerates them as: A difficulty in evacuating even a soft stool; a distressing, occasionally very marked, fulness and painful tension of abdomen; violent cuttings in intestines; urging to stool at unusual times and frequently during the day, which persisted even after a stool, and sometimes was followed by sticking, cutting pain in rectum; feeling of heat and swelling in the rectum, usually more acute when walking; and decided weakness and powerlessness of the sphincter ani, which closed so lazily and incompletely after stool that it was difficult to wipe the anus clean. (*Allg. hom. Zeit.*, lxxiv., 29.)

17. *a.* A boy, æt. 5, took at 10 A.M. three drops of 3ˣ. Slight belly-ache followed, with tension and some inflation of abdomen, then discharge of inodorous flatus. Three days after he complained of pain at anus and had frequent tenesmus, during which he pressed out small quantities of yellow mucus. He had intercurrent chilliness and belly-ache with retraction of the umbilicus.* (J. O. MULLER, *Zeitschr. d. Vereins d. hom. Aertz.*, 1857, i., 38.)

b. A healthy, strong brunette, æt. 32, took at 4 P.M. five drops of same potency. Two hours afterwards came on intermittent tearing in head, here and there, with heaviness, confusion and vertigo. To this were added scotomata—flickering or whirling before the eyes, yellow rings that moved in the field of vision in circles and were now and then replaced by shining bodies that shot across the eyes. The eyes felt swelled and dim as if she had not slept for several nights. The head symptoms were worse in the dark, better in the light. She had also inclination to vomit when moving about hurriedly; rumbling and swashing in stomach and abdomen; and very restless sleep, in which she threw off the bedclothes. She was very prostrate and weary, as in nervous debility. On rising from bed, there was pain and shooting from sacrum to anus, hips and abdomen, which went off as she moved about. (*Ibid.*)

c. Dr. M. himself took twenty drops of same. He had eructations of gas with slight pain in stomach and flow of saliva; pinching belly-ache in umbilical region with chilliness; three thin, pappy, dark-colored, scanty stools during day, preceded by rumbling and pinching in hypogastrium, and followed by tenesmus-like pressure; irregular contraction and unusual dirtiness of anus after evacuation, and sense of increased warmth in rectum and anus in intervals of stools. There was also tickling, creeping, and spotty redness on glans penis, especially about corona and frænum; and urine was scanty and dark. (*Ibid.*)

18. DR. A. FISCHER gave to five persons, four to six drops of tinct. every morning, for three days.

a. A woman nursing a two months' old baby had, on fourth day, cramps in hypogastrium and right groin, going down right thigh beyond knee; thereon followed metrorrhagia; she felt ill all over, and very sensitive, and had tension and com-

* Dr. M. thinks it necessary to mention that the boy had sat on a cold doorstep. This, however, he had often done before with impunity; and on the present occasion the belly-ache, tenesmus and chilliness preceded his doing so.—EDS.

pression in nape, behind both ears. Her baby took a drop of tincture, and had a green motion in four hours; next day was fretful, groaning during sleep, and screaming during waking (as a rule, he slept quietly), with copious sweat all over.

b. A woman, aged 28, had on first day, at noon, a whistling in throat, as if something had fallen into trachea, and impeded respiration; dyspnœa; pressure behind sternum, scraping in larynx.

c. In night, after third dose, a single woman, aged 30, dreamed at midnight of being seriously ill, and awoke with oppression at chest, breathing whistling and painful, larynx tight as if she would be strangled, throat dry, tongue dry and stiff; she cried, and was obliged to sit up in bed. This lasted one hour, then came several fits of coughing, and gradually all passed away.

d. A child, aged 3, had, early in middle of day, after second dose, a soft, very abundant motion. On previous day, passed blood at stool, as from piles.

e. A child, aged 4, second day had pains in nose, followed by coryza; on third day had a stool, consisting of undigested material, with traces of blood. Being slightly chilled from uncovering himself in bed, was seized, during night, with hoarse, rattling, low-pitched cough, as if all the trachea were raw, harsh, and full of phlegm. For the third day the child was troublesome, crying at the slightest thing.

f. The following symptoms are not referred to the individual provers:

In fifteen minutes, nausea, and feeling of emptiness at stomach, with digging round navel. In thirty minutes, feeling of wind rising through throat, as before sickness. In three hours, quivering and shaking in larynx and tongue, for some minutes; cough, followed by a sputum size of bean, yellow and tenacious; stitches in sacral region on bending. In four hours, throbbing in left side of head, at first painless, then aching for a quarter of an hour at a time, head much affected. In six hours burning, as of fire in left nostril; stitches under right side, in region of liver. At 4 P.M., prickling of left hypogastrium, deep in body, as if in left ovary, and uterine ligaments; in evening, headache on left side, with tension; hoarseness and slight cough, with continual expectoration, provoked by tickling and scraping in larynx, thirst and dryness in throat (cough continued for several days, worse towards morning; on first day there was pricking in right side of larynx at each fit, and raw pain there when expectorating);

pressing pains in right side, under armpit, extending in direction of right shoulder towards back. On this first day motions were soft and pasty, later solid or absent. On second day, a round, red spot at edge of left lower jaw, between lower margin, angle, and chin; motion followed by sensation of burning of anus; urine scanty, twice only in twenty-four hours, and little at a time, containing yellow, branny deposit; pain under nail of left forefinger (in one of the children). On second night a man dreams he is mad, and that every one is watching him. On third day, tearing pain deep in right eye, lasting some minutes; rumbling in belly, most frequently in hypogastrium; piercing and twisting pain around navel: pricking sensation in rectum (afternoon); the third finger of right hand, in which there is a torn sensation, presents a kind of ulcer on first phalanx; it is red, and seems inflamed. On fourth day, pains on right side of forehead; in two subjects, nausea, mounting up into throat, with inability to vomit; from afternoon till evening, tearing sensation in right thigh above knee; stitches in right knee (in three provers); in evening, pain, as if strained, in outer ankle of left foot while walking; at night ineffectual tenesmus. In evenings of first five days, headache, involving whole head, and each eye, twitchings above right eyebrow, deep in right side of forehead. On sixth night, when but just in bed, sudden and clashing explosion in left ear, like breaking of glass,—the noise seems deep in head, whence it goes towards right ear.

Without note of time are mentioned: jerking pain in right parietal bone towards vertex, with pain when touched; head affected, with turns of nausea; menses appeared six days too soon, with a sensation of cold, blood dark, flowing abundantly, with clots; coryza and heat of nose; stitches in right chest, under (female) breast; sleeplessness before midnight (three provers), from midnight till 5 A.M. (in one); dreams of monsters, and of all kinds of animals. (*Journ. du Disp. Hahn.*, Bruxelles, iii., 235.)

19. A. acts in small doses on the nervous plexuses and vessels of the abdomen; in stronger doses it acts as well upon the intestinal canal, especially the large intestine; and produces, easily, and without inconvenience, increased and watery evacuations, though after some interval, at times as long as twenty-four hours; in very strong doses, it acts as a very drastic purgative, with griping, at times with bloody stools. (VOIGTEL, *System der Arzneimittellehre,* ii., 2, 116.)

20. *a.* In large doses A. acts as a purgative. There are,

however, some peculiarities attending its cathartic operation, deserving of notice. In the first place, these effects are not so speedily produced as by some other purgatives; for eight, twelve, and sometimes twenty-four hours elapse before they are produced. Secondly, A. acts especially on the large intestines, and a full dose is in some persons apt to produce heat and irritation about the rectum, and tenesmus; and in those troubled with hæmorrhoids, it is said not unfrequently to increase, or even to bring on, the sanguineous discharge. The purgative effects of A. do not arise merely from its local action on the alimentary canal, since this effect is sometimes produced when the medicine has been neither swallowed nor given by the rectum; so that it appears to be of a specific kind.

b. The uterus, in common with all the pelvic viscera, is stimulated by A. A determination of blood towards these organs, and a fulness of the bloodvessels (especially of the veins) are produced, and thus uterine irritation and menorrhagia are apt to be increased by it.

c. Dr. Greenhow ascribes a diuretic effect to A., and his statement is corroborated by Moiroud's experiment. (See ciii.) (Pereira, *Mat. Med.*, sub voce.)

21. If pushed far, a slight degree of enteritis may be set up. The motions are highly colored, like bile, soft, seldom watery. —Wibener, *Wirk. d. Arz. u. Gifte.*, i., 105).

22. Administered in small doses of five to thirty centigrammes, once or twice a day, A. causes slight colic, followed by expulsion of one or several diarrhœic stools. We see that the action of this purgative is very gentle; stools rarely occur in less than five or six hours, and it often happens that patients do not go to stool until twenty-four hours after the administration of the drug. The first effect, therefore, is to increase the number of stools or to facilitate them, and it also stimulates the functions of the stomach, but only in those cases where the weakness of digestion is not accompanied by signs of chronic gastritis. If the use of A. is continued for some time, we do not fail to see symptoms of sanguineous flux towards the pelvic viscera; there are heat and feeling of weight toward the extremity of the intestinal canal; excitement of the genitals and increased venereal appetite, with more frequent desire to urinate. In women, pain and weight in the womb, and in the loins; increased flow of whites; uterine colic more painful at the period, and increased menstrual flow. In heavy doses, A. acts like all drastic purgatives. (Trousseau et Pidoux, *Mat. Med.*, sub voce.)

II. Poisonings.

1. A singular case occurred in Germany a few years since, wherein a medico-legal question arose respecting the poisonous properties of A. A woman, aged 43, not laboring under any apparent disease, swallowed two drachms of powdered A. in coffee. Violent diarrhœa supervened, and she died the following morning, twelve hours after having taken the medicine. On inspection, the stomach was found partially, and the small intestine extensively inflamed. There was nothing else to account for death, and this was referred to the effect of the A. (Taylor, *Poisons*, sub voce.)

III. Experiments on Animals.

1. Moiroud injected into the veins of a horse, four drachms of A. dissolved in water with a little alcohol, and the next day an ounce more, without any other effect than the evacuation of a large quantity of urine. The dung, however, was enveloped by a thin pellicle, formed by altered intestinal mucus. (Pereira, *op. cit.*)

MATERIA MEDICA.

BY H. N. GUERNSEY, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

In presenting my paper on Materia Medica on this occasion, I know of no more useful matter to bring forward than a few general hints on some frequently indicated remedies, drawn from my own experience in the use of nature's curatives.

Abies Nigra must always be used when there is a sensation of a hard-boiled egg lying at the pit of the stomach; it is not a weight or a heaviness, but a sensation of something hard lying there, causing much uneasiness. There may be additional symptoms, such as constipation, dysuria, and many other annoyances, always accompanied by this peculiar feeling in the stomach. Abies has been found, by experience, to dissipate all the other sufferings besides the hard lump already referred to.

Acetic Acid.—A very rich group of symptoms characteristic of this remedy is *intense thirst, passing of extra large quantities of urine,* and *great debility.* These three legs are often found to support a multitude of troubles which are completely dissipated by a few doses of Acetic acid, not lower than the thirtieth. The symptoms nearly correspond to Ars., but the striking

difference is, one feels nauseated by Ars., but never by Acetic acid. Again, in Acetic acid, one feels as if an *ulcer* were in the *stomach*, giving great uneasiness. In the sickness of pregnancy this often occurs in bad cases. Then Acetic acid in children who have no appetite, who drink a great deal, much pain in stomach or abdomen, diarrhœa with undigested stools, sleepless nights, much emaciation; abdomen and legs often much swollen, very weak. No remedy here like Acetic acid[30]. But do not forget the three important legs. In *myelitis*, with the three legs, when the pain in the *back* is relieved *only* by lying on the abdomen.

Acon. Napellus.—A few things are always to be remembered before prescribing this remarkable remedy. *First* the *mental symptoms*. If the patient is calm and tranquil, bearing the sufferings patiently and philosophically, then never give Acon., no matter how fiercely the fever may rage. When a student, over forty years ago, my preceptor sent me to visit a patient of his, and I was told, if the skin was still hot and dry with much thirst, give Acon. in this tincture, handing me at the same time an ounce vial full of it. The patient was perfectly calm and quiet, and physically nearly motionless. Acon. was faithfully administered, but the patient did not recover. Again, if the patient lies quietly without frequent change, Acon. is not the proper remedy. Fever *alone is never a sufficient indication for a remedy*. There must be besides the fever, *all the attending phenomena of the disease combined into one harmonious whole*, that actually corresponds to some one remedy in its entire totality. Again, if there be jerks or subsultus tendinum, or spasmodic movements of the muscles, Acon. is seldom called for. It is the uneasiness and distress of mind and body, the anguish that allows of no rest, besides a mental fear for the future well-being. Then, fever or no fever, Acon. will serve a good purpose. Every remedy in the Materia Medica has its own fever and its own characteristic phenomena. Acon. is as often useful when there is no fever as when there is fever. At all times and circumstances when annoyances occur, which fret and worry one, and cause fear and anxiety, Acon. may be the remedy.

Actea Racemosa or Cimicifuga Rac.—The mental symptoms of this remedy are very characteristic. There is a want of rational coherence through them all. He thinks he is going crazy, and has all sorts of strange hallucinations. The patient imagines she is to be killed. In all her talk, which is nearly incessant, she is constantly changing from one subject to

another. In her physical sufferings this mental state stands out all the more prominently. Puerperal mania. After-pains, worse in the groins. Rigidity of the os in labor. Labor-pains spasmodic, with fainting fits and cramps.

Actea Spicata.—This remedy has a wonderful affinity for the small joints in rheumatism. The wrist, fingers, ankles and toes, any or all their joints, may become exceedingly painful, cannot bear the least motion or touch, usually worse all night. Often useful for those fearful pains attending cancer of the stomach.

Æthusa Cynapium.—This remedy is particularly characterized by an intolerance of milk in infants, children or adults. In infants particularly milk is taken with avidity when in a few moments it is vomited entire, the child falls into a few moments of slumber, when it awakens for a fresh supply to be vomited as before. These children are usually colicky, sleepless, either costive or have diarrhœa. They are very troublesome children until Æthusa cures them and makes them good.

Agaricus Muscarius.—One of the best of remedies for constitutional chilblains. They are red, itch and burn. The patient thus afflicted is deficient of animal heat, is cold and chilly, can scarcely keep warm, and is afflicted in many respects. Agaricus performs wonders in such cases by persistence in its use for a long time.

Ailanthus.—So far as I know this is the best remedy in the Materia Medica for that form of scarlet fever having a *purple rash, attended* with *stupidity,* amounting almost to *insensibility,* great prostration, restlessness, and sinking of the vital forces. Repeated every half hour in water in the 30th potency or higher, it will soon effect such a change for the better as to rescue the patient from danger.

Allium Cepa.—Invaluable in acute catarrhs with confusion of the head, much coryza of an acrid, smarting nature, much violent sneezing, and great oppression in the upper part of the chest.

Aloes.—The sufferings from Aloe are very numerous, but in nearly all of them there will be found a sympathy in the functions of the rectum or colon. In the peculiar alvine discharges of clear mucus, "gobs" of mucus, the diarrhœa, or in the involuntary discharge of solid stool during sleep. In this direction we find invaluable characteristics.

Alumen—Alum.—I cure many a chronic complaint with this remedy, by carefully noting the evacuations from the bowels. If they are very hard and knotty, discharged with

great difficulty and at long intervals, once a week or two, I think of Alumen. If the patient suffers with sick headaches in the morning on awakening, Alumen will cure the whole trouble. If she is a martyr to dyspepsia, with frequent cramps in the pit of the stomach, and vomiting with severe retching, and also with this severe form of constipation, then nothing but Alumen. In ulcerations and cancer of the uterus, but few remedies are more frequently indicated than Alumen. So of cancers of the rectum.

Alumina.—Always to be thought of when the alvine evacuations, though soft, are expelled only with much physical effort. In typhus fever, when the alvine evacuations are frequent, of bad odor, and large quantities of black blood accompanying each stool, cannot pass urine without straining hard at stool. It then cures dysentery or typhus. It cures babies' colic when there is a rapid chattering of the chin during every paroxysm of colic.

Ammonium Muriaticum.—In troublesome cases of menorrhagia when the flow is more at night, but very little during the day. Also, frequently discharged quantities of blood from vagina at the menses during stool.

Anacardium.—All the symptoms are ameliorated whilst eating.

Antimon. Crud.—Much gastric disturbance during rheumatism. In diarrhœa when the stools are composed of fluids and solids in about equal proportions.

Antimon. Tart., or Tart. Emetic.—When the lungs are loaded with mucus, with great difficulty in breathing from their loaded condition. In croup with the above condition. Much thirst, but a little sip of water at a time satisfies. No sweat about the head.

Apis Mel.—Always to be thought of when there is no thirst and a very scanty secretion of urine. In all cases where there is marked relief experienced from a copious flow of urine, and per contra a marked aggravation when the urine becomes more scanty. In heart troubles or chest troubles this condition is often remarked. In all cases where the patient experiences violent stinging or stabbing or sharp plunging pains; where the child screams out suddenly with violent shrill shrieks; where the dyspnœa is so great that the patient feels that every respiration *must be the last*. One of our best of remedies in diphtheria when Apis symptoms stand boldly out, and the inflammation in the throat is of a bright red color. It has often

great stupor, exhaustion and increase of restlessness in the latter part of the night.

Argentum Nitricum.—A very characteristic symptom for this remedy is the marked relief of all sufferings after belching wind where the wind rolls up in torrents. Severe or habitual constipation only, contraindicates this remedy. One of the best of remedies for puerperal convulsions, when each convulsion is preceded by restlessness, turning and tossing until the convulsion occurs, then peace for awhile until the approach of another.

Arnica.—Always to be thought of after bruises, and contusions and traumatic shock, even after long standing. Sensation of a bruise in any part of the body. In chronic cases of headache, if it is always a bruised, sore pain, particularly if there be a *hot head* and a *cool body* at the same time. In all cases of intermittent fever where the head is markedly hot, and the body cool as a type of the paroxysm. In pneumonia when there is great soreness as from a bruise, the expectoration being decidedly bloody. One of the best of remedies for hæmoptysis. Arnica of a high potency taken in water, every two, three, five to twenty minutes or so, will, as a rule, speedily arrest the flow. No salt should be allowed. Arn., to be taken at every return of the hæmorrhage, will usually cure such cases entirely.

Arsenicum.—One of our greatest remedies when all the sufferings of the patient are relieved by heat, or by the application of heat. Worse in the cold or cold air. Wishes to be wrapped up warmly. The pains are often of a burning and lancinating kind, relieved by hot applications.

One of the chief characteristics of this remedy is the great exhaustion experienced after or on making a slight physical effort. Symptoms all worse after 12 o'clock at night. Thirst for sips of water very frequently is a valuable indication in many cases. One of the best of remedies for inflammations within the abdominal cavity; abdomen enormously distended, *feels* as if it *would burst*, unquenchable thirst, lancinating and burning pains, wishes to be kept warm by wraps and hot applications. Great mental distress, is sure that death is very near, which is greatly feared. Another prominent symptom is the vomiting of water or other fluids so soon as swallowed. Rapid emaciation.

Arum Triphyllum.—In raw surfaces about the mouth and lips which are exceedingly tender. Raw surfaces about different parts of the body which the child picks and bores at

until they become bloody. The whole buccal cavity and fauces are sometimes so raw and tender as to make the drinking of water exceedingly painful. In scarlet fever when the rash appears in spots all over the body, lips and nose looking bloody and sore. These are but signs of the remedy the patient needs to cure some serious malady. There is often present great delirium and scanty secretion of urine. It is often the only remedy needed in serious cases of scarlet fever with some of the above indications.

Asafœtida.—To be thought of in all affections of the bones or ulcers of any kind when there is present great sensitiveness to the slightest touch; even the slightest dressing of the most delicate substance is almost intolerable. There is also a sort of hysterical condition manifested during the patient's sufferings. Perceptible pulsations in the pit of the stomach. Distension of the stomach and bowels with a feeling as if the peristaltic motion of the bowels were reversed, with spasmodic working in the œsophagus.

Aurum Met.—Great suicidal tendency, with sleeplessness and a constant look out for a chance to commit the act. Bone pains at night from an abuse of Merc. or from syphilitic taint. Syphilitic nodes on shin-bones, bridge of the nose and skull-bones. Terribly crushing pains through the skull which so overpower one he cannot continue his occupation.

ENTEROCLYSIS.

BY S. LILIENTHAL, M.D., NEW YORK.

Dr. Hallman, in an article published in one of the German journals, remarks that medical art is still very weak in the treatment of asphyctic cholera, and again, as the bacillus develops itself in the small intestine, and especially in its lower part, it can hardly be comprehended how disinfecting means can reach so far. Cantoni, of Naples, answers this problem by his experience gained during the last epidemic, and even in asphyctic cases hypodermic injections of large quantities of warm water, with salt and soda, saved some patients. For the disinfection of the intestinal canal, enteroclysis is employed, an irrigation, per anum, performed with a long, hard-rubber tube carried high up and a siphon holding about a quart of water. Hyrtl proved already, on the cadaver, that this closure of the Bauhinian valve can be taken off by a continuous powerful stream of water, and thus the way opened to attack the disease in the smaller intestines. Cantoni pub-

lished already, in 1879, two cases of vomiting of oil after the application of an oil-irrigation per anum, proving the possibility of a passage through the Bauhinian valve and through the pylorus on the living patient. Both ladies were young and strong, not hysterical, and only suffering from obstinate coprostasis. The one, a young lady of twenty, took sea-bathing during the summer of 1877, was there attacked with cardialgia, aggravated by any kind of food, felt at first only at a small portion of the left epigastrium, radiating, after a while, to the left hypochondrium, which became sensitive to the least pressure. The diagnosis was a perforating ulcer of the stomach. After seven months' steady suffering (February, 1878), with horripilations, fever, sweating, unbearable anguish, she suddenly felt one day, after excruciating pain, as if something had burst in the left hypochondrium, she had to hasten to the commode and discharged a large quantity of pus per anum. All pain was gone, the fever disappeared, and the purulent discharges kept on for twenty days. Yet the gastralgia re-appeared with increasing vomiting of all food or beverages, and necessarily the patient felt greatly prostrated and emaciated. During November, Cantoni saw her, and he found in the cæcal region, a decided tumor, consisting of old retained fecal masses; another one at the left angle of the colon and in the flexura sigmoidea. Patient acknowledged that clysmata are necessary to procure an active discharge every week or so. Cantoni prescribed internally, extract Belladonna, and a daily enteroclysma, with two or three parts of Olive oil. The first one passed away immediately, and without fæces. On the second day there appeared hard balls, retained already for a long time, and some soft masses impregnated with the oil, but what was the most interesting, among them could be seen a large quantity of grape-kernels, which must have remained in the intestines for over a year, as the patient, on account of the vomiting, had not tasted grapes for such a long time. On the third day during the injection, the patient suddenly felt an inclination to vomit, and threw up half a pint of oil. Pain and vomiting ceased immediately, and the patient gradually gained her strength. The symptoms of an apparent gastric ulcer were, therefore, caused by irradiation and reflex of the splanchnic nerves to the solar plexus; and disappeared with the fecal tumor after three enteroclytic injections. In the second case, the same thing happened after a solitary enteroclysis, only with the difference that the eructations and fecal vomiting of half a pint of oil set in an hour afterwards, hence probably by antiperistalsis.

Cantoni gives the following indications: 1. In coprostasis in cæcum, with or without ulceration, with or without perityphlitis or typhlo-peritonitis—at least a pint of oil for each injection. 2. In fecal tumors, tightly held in enlarged intestinal walls: in one case, for two months such injections were made with final success; in another case, simulating typhoid for three weeks, the same injections removed large quantities of old impacted fæces, and a cure followed. 3. In stenosis and closure of the intestinal canal from impacted fæces. Purgatives are here dangerous, as they increase peristalsis, and thus may cause intussusception. Opiates are contraindicated, as they increase the obstipation, we use Belladonna and enteroclysis. 4. In constipation from intestinal paralysis, after exudative peritonitis, injections of a part of oil relieve the pain of peritonitis, whereas a common injection, by the force employed, increases the pain. 5. In dysentery, during the acute stage, where Oleosa and Calomel often fail in removing the retained fecal remnants, irritating the walls of the intestines. 6. In chronic ulcerations of the colon and cæcum. Ordination: Acid. tannic., 1–2–5 grammes, to one litre water, or Alum. dep., 1–2–3 grammes, or Sulph. Zinc (o, s), or 10–20 ctgr. Argentum nitr. to the litre, with the addition of Tinct. Opii., gtt. 10 to 20, to ease the pain. 7. In simple chronic catarrh of the colon or cæcum, with chronic diarrhœa. Ordination as in 6. In chronic follicular catarrh of the colon, only amelioration followed, never a total cure. 8. In enterorrhagia of the colon. 9. As a revulsive in cerebral stasis—with salt, oil. 10. In order to introduce food—Enteroclysis with Tannin solutions (Aquæ ferod, 2 litres, Acid. tann., 3 to 6 grammes, Gummi arab., 50 grammes, Laudanum, gtt. 30 to 50), acted beneficially during the cholera, and many physicians witnessed the good action, not only in the premonitory stage, but also in the cholera diarrhœa. The late epidemic of cholera at Naples showed two distinctive symptoms: 1. The stools are not like rice-water; they are too pasty. 2. The dysenteric form, under which it appears, shows that it has its seat in the colon, where Armanni found the most changes, and spread from there to other parts of the intestinal canal. Perhaps that was the cause of the beneficial influence of the tannin solution.—*Med. Neuigkeiten*, 44, 1884.

May not the epidemic now raging in some part of Kentucky remind one of the statement made here by Cantoni, and thus put us on our guard, not to prescribe for the name of a disease, but for the totality of the symptoms? And as so many

cases show the same symptoms, there must be an epidemic remedy, covering nearly all cases. Cigliano, of Naples, succeeded best by giving his patients Rubini's Camphor on tablets dry on the tongue, frequently, steadily, and no change under any consideration. He especially warns against tepid baths and Opium, and his rules, so strictly laid down in the November number of the *Allgemeine Hom. Zeitung*, deserve full publication in *all* our journals, so that we may be prepared for the enemy when it approaches our shores.

OCCLUSION OF THE MEATUS URINARIUS—RELIEF BY ELECTROLYSIS.

BY CHARLES DAKE, M.D., HOT SPRINGS, ARK.

A GENTLEMAN from Baltimore, who was suffering with "locomotor ataxy," complained of great difficulty in urinating. He said that, for several months past, the stream had been getting smaller and smaller; that it required great straining in order to evacuate the bladder at all; and that it frequently took him half an hour to do so. Desire to urinate was almost constant, but it seemed only to dribble. While in my office one day he desired to urinate, and as I watched him I determined that there must be a stricture of the urethra.

Upon examination, I found the meatus almost occluded by a hard, fibrous formation, there being only one opening about the size of a fine knitting-needle. This opening was so small that I could not at first introduce the smallest silver probe contained in my pocket case.

Having used Electrolysis in strictures of the urethra with very gratifying results, I determined to try its efficacy in this case. I began treatment by using the smallest electrode I had, applying the negative pole of the battery to the penis, and the positive pole over the lumbar vertebræ. I used six cells of my galvanic battery, and in a few seconds was rewarded by seeing the fibrous deposit or growth commence to dissolve. This treatment was kept up every other day without causing any pain, loss of blood, or inflammation, each treatment lasting fifteen to twenty minutes. I did not use over eight cells at any time. The battery used is one made by Henry E. Stammers, of New York city, and is the best I have ever seen for this mode of treatment. The electrode used is known as "Dr. Newman's electrode bougie," and is No. 9 American scale.

After six weeks' treatment I was rewarded by having the

electrode pass down into the urethra. I had to pass through solid, or nearly solid, fibrous deposit for three-fourths of an inch before the electrode traversed the urethra. I consider this as one of the most severe cases of stricture or occlusion I have ever seen; and it is conclusive, to my mind, that when electricity is properly used, many cases, not curable with the knife or distending bougie, can be permanently cured, and without the pain and danger attending the surgical operations as commonly practiced in such troubles.

I am aware that authors of books on surgery and writers in journals are wont to ignore or condemn electrolysis in these cases, and to extol the cutting operation instead. For my part, I will take the lightning every time, on the score of lessened pain as well as more complete and permanent results.

As to scientific exactitude in the agent and appliances used, of which some writers complain, I see no greater difficulty than in the mechanical process and instruments employed in the cutting or distending operations. In both cases much must always depend upon the judgment of the operator; and in the estimate of dangers, more harm is to be feared from reckless cutting and stretching than from careless electrolysis.

At all events, I shall take the chances in the train of the latter, while my experience continues to testify in its favor.

In cases such as I am reporting, it might take less time to cut through the stricture than to dissolve it by degrees; but the lessened pain, absence of hæmorrhage, and, especially, the complete solution of the obstacle, leaving no hardened mass along the urethra and no puckering cicatrix, are the rewards of patience and careful perseverance.

Miscellaneous Contributions.

MODIFIED INTERMITTENT FEVER.

MESSRS. EDITORS:

In the September number of the HAHNEMANNIAN MONTHLY I find articles by Drs. Bartlett and Kitchen, on "Intermittent Fever with Choleraic Symptoms," with the remedies given, and I desire to offer a few comments.

Dr. Bartlett's prescriptions were all "Eccentrics" (*i. e.*, having primary action upon the nerve periphery) except the *Cinchonidia*, which, although a "centric" (*i. e.*, having physiological affinity with the spinal centres), was not given for that reason, but as an "antiperiodic," in large doses; curing,

however, as a centric, in whatever doses. The only tenable homœopathic inference is, in my judgment, that all the previous prescriptions were clearly and diametrically erroneous on this account, and that a knowledge of *drug-classes* would have indicated the fact at the first visit. The symptoms, then, would probably have yielded to either *Chamomilla*, *Dioscorea*, or *China*, in attenuated doses, and later, the drugs used having evidently intensified the original symptoms, with the addition of prostration, etc., the *China* would still have been proper, and at the last the low condition was best matched by *Secale*, —all "centrics."

A fuller detail of *non-pathological symptoms* is required to discriminate between these, all of which, however, pathologically agree with the symptoms given, as well as *Veratr.*, *Ars.*, *Camph.*, *Iris*, *Cupr.*, as we may need to be aware, should Asiatic cholera again appear among us.

I may be pardoned for wondering how physicians who disregard these class-distinctions, long ago published, can avoid many such disappointments; but I answer myself thus: the strict Hahnemannian hits the true remedy by additional study of the non-pathological individualities; whilst the anti-Hahnemannian glosses his disappointments with "common-sense," so-called, *i.e.*, with allopathic, expedients—Morphia, Quinia, *et id omne genus*, believing and declaiming that the homœopathic law can no further go!

In Dr. Kitchen's case, *China* was justly chosen; but was given steadily for a week, and in the 1st decimal, with some benefit, indeed, but leaving no chance for vital reaction, on the one hand, as shown by Hahnemann to be required, nor, on the other hand, securing the narcotic-sedative (antiperiodic) primary action of crude doses. In changing his tactics, he chose, not the former, but the latter course. Far be it from me to quarrel with his decision, or its result; but the homœopathic philosophy demands, not only empirical records, like the Galenico-Cullenian school, but, above all, the reasons why!

J. C. M.

HOMŒOPATHY IN VIRGINIA.

Danville, Va., January 12th, 1885.

Editors "Hannemannian Monthly."

Having received several letters of inquiry in regard to the new law regulating the practice of medicine and surgery in Virginia, I send a copy of said act, that your readers may see it.

As regards locations, the state is full of them. Almost any city in it will afford room for at least two good homœopathic physicians, men of the right sort and nerve, and who are capable of doing pioneer work. I do not lay claim to any unusual degree of smartness, yet I have succeeded in establishing a practice of $6000 yearly, and fully expect to increase that amount by $2000 the present year. I had as much opposition as any one could have, and it has been kept up from the time of my arrival here, March 11th, 1880, to the present date. You will see by the copy of the act which I send you, that no applicant can be rejected because of his faith in homœopathy or eclecticism (?). The applicant is required to pass an examination upon the branches of medicine and surgery *common to all schools of medicine*, said examination to be conducted by men who, doubtless, could not pass an examination before the faculty of any college, without doing considerable cramming beforehand.

The framer of this act is a personal friend of mine, and before it was submitted to the legislature, it was shown to me, and talked about. His object was to prevent charlatanism in the state. A great many patent-medicine men come here, and advertise to cure all diseases with their nostrums, and Virginia has been a golden field for quacks of all sorts. It was to suppress this that the act was passed, and it has my hearty indorsement. If the board refuse any man a certificate upon his therapeutical faith, then that case will be contested in court, and the wrong righted and prevented in the future. If a man cannot pass a fair and just examination before the board, which I believe all applicants will get, then he is not fit to practice medicine here. If he should be a homœopath, and fail, I should be glad, for I want to see homœopathy represented by capable men, who will be an honor to the school.

There is ample room in Virginia for one hundred more homœopathic physicians, and we want them, and we want them now. I want another one right here in Danville.

Yours respectfully,

M. E. Douglass, M.D.

Note by the Editor.—The Medical Act, a copy of which our correspondent kindly incloses, is too long for the present crowded state of our pages, but is in substance as follows, its title being "An Act to Regulate the practice of Medicine and Surgery."

It provides for "a board of medical examiners, consisting of *two* members from the state at large and *one* (an allopathic contemporary says there are to be *three*) from each of the ten congressional districts, whose term of office shall be four years." They are to be chosen by the governor "*from a list of names to be recommended by the Medical Society of Virginia*" (which, of course, means that homœopathy is not to have representatives on the board), and vacancies are to be filled in the same manner. The governor, however, in case he considers the persons recommended "unsuitable," may appoint the board "in whole or in part, without regard to such recommendations." The board may adopt "rules, regulations and by-laws for its own government, *and for the examination of candidates* for the practice of medicine and surgery by its individual members."

"When the examination is by an individual member of the board, he shall report the result of the same to the president thereof; and, when an applicant shall have passed an examination satisfactory as to proficiency before three individual members of said board, or before the board in session, the president thereof shall grant to such applicant a certificate to that effect." To learn how easily the "coach and four" have been already driven through this part of the law, see "Notes and Comments" on another page. In case any member fails in his first examination, he cannot be re-examined for a subsequent period of three months, nor until he shall have again paid the fee of five dollars; "provided, however, that no applicant shall be rejected upon his examination on account of his adherence to any particular school of medicine or system of practice, nor on account of his views as to the method of treatment and cure of diseases." No penalty is attached for violation of this provision, and the law is silent as to the course to be pursued by a candidate rejected on such illegal or other improper grounds.

For practicing in the state without the possession of the certificate of the board, the offender is liable to a fine of from fifty to five hundred hundred dollars for each offence.

The only way, through which homœopathy can hope to secure a strong foothold in Virginia under the operation of this law, is by electing only such men to the gubernatorial office as will consider all persons ill-disposed towards homœopathy as "unsuitable" for appointment on the board of examiners.

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Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

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☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

MEDICAL LEGISLATION IN PENNSYLVANIA, NEW JERSEY AND OHIO.—As oft the year rolls around and State legislatures assemble, the medical journals teem with contributions, editorials, clippings and correspondence about legislation in the interest of higher medical education and better medical practice. This year the craze is more wide-spread and, if possible, more virulent in character than usual. Heretofore, its chief demand has been for "State Medicine," and later, for "State Boards of Health." This year, for about the first time, it comes out boldly, and tells what it really does want, "State Medical Examining Boards;" this being the object chiefly sought, though rather undeftly covered up, in all the medical legislation recently obtained in several of the States of this Union.

Efforts are being made this year in several of the States, notably Pennsylvania, New Jersey and Ohio, to secure the passage of laws providing for State Boards of Medical Examiners. The proposed Acts for Ohio and New Jersey are essentially alike. The Board of Examiners in each State is to be

composed of nine members, appointed by the Governor, and of these nine, *seven are to be allopaths* and two of other schools. This board is to examine all applicants for license to practice in the State, and *the votes of seven* are required to authorize the issuing of a license. There are other important features of the proposed enactment, but it is of this one particularly that we propose to speak.

Under this ingenious legislation, the seven allopaths will have full power to license their candidates by a unanimous vote. They will not need the aid of a single homœopathic or eclectic member. They will be sublimely independent. On the other hand, the homœopathic members of the board will be unable to license a single practitioner except with the aid of five-sevenths of the allopathic members. If both homœopathic members object to an allopathic candidate, he can be licensed notwithstanding. If any three of the seven allopaths object, no homœopathist can get a license. It will, perhaps, be said in reply to this that the letter of the proposed law forbids the board to reject a candidate on account of his medical belief. True; but can "the Board," *as* a board, be punished for doing so? Or, can the board really reject a candidate on such grounds? The board's action is to be based on votes, and the votes are to be based on what?—the ignorance of the candidate sometimes, and sometimes the ignorance or prejudice of the examiner. Does anybody imagine that an examiner is going to be fool enough to confess publicly his prejudice against scientific medicine, and his predilection in favor of educated and graduated quackery? Such a legal proviso would be just about as effective as a Civil Service Rule upon a machine politician—not worth the paper it is printed on. It is also said that, in the event of an unfair action by the examining board, the outraged candidate could obtain redress in a suit at law. But how many young medical graduates are in a position to conduct a legal battle with seven established physicians, all of them backed by the power and prestige of a Commonwealth, and the presumption of official honesty? Such a contest would involve months, perhaps years, of time, hundreds of dollars in money, and, so far as it could be compassed by bitter and dishonorable enmity, the complete loss of professional reputation; for the board would, in all cases, publicly proclaim the candidate's unfitness, whether justly or unjustly. The only law which could really redress such an outrage would be the kind meted out by Judge Lynch, and that is not the code which reputable people employ.

Such is the law, as proposed for Ohio and New Jersey. The allopathic journals are resorting to desperate expedients to convince their homœopathic readers and the public, that their nefarious schemes are supported by nearly all physicians of both schools—an infamous falsehood, concocted for the purpose of quieting apprehension and preventing opposition. We do not know whether the physicians of New Jersey are alive to their danger or not, but the logical and stirring address delivered before the Ohio State Homœopathic Society, by Dr. J. W. Clemmer, President of that body (see *Medical Counselor*, December, 1884), shows that the homœopathic practitioners of that State are fully warned of the peril that threatens them, and that, with their eyes wide open, they are scarcely likely to walk into the net so cunningly spread for them.

In Pennsylvania the circumstances are, in some important respects, different. The allopathic committee having the matter in charge, took the Ohio medical bill as a basis of consideration, but speedily came to the sensible conclusion that it was hopeless to seek the passage of any bill to which the homœopathists might be opposed. They accordingly invited a committee from the Philadelphia County Homœopathic Society to a conference on the proposed measure. The result was the adoption of a bill which provides for a Board of Examiners comprising seven allopathists and two homœopathists, a proportion based on the ratio of practitioners of the two schools in the State. The candidate, upon applying for examination, is to receive a "number," under which his examination is to be conducted; his name, residence, date, and place of graduation being withheld from the examiners until after the examination. The questions upon Therapeutics and Practice of Medicine are to be reserved until the examination in the remaining branches is completed and the result recorded. The examinations in the two special departments above mentioned are to be conducted and the results estimated by either allopathic or homœopathic members of the board, as the candidate may select. The question of the issuing of the license is to depend, not upon the votes of the examiners, but upon the "average" obtained in all the branches. All questions and answers, with the results allowed in detail, are to be kept open for inspection in the office of the board for a period of five years.

This Pennsylvania bill is certainly a vast improvement upon those heretofore proposed. The examination of "numbered" instead of *named* applicants, and the determination of the success of an applicant by his average instead of by

votes, render the ordeal just as safe for a homœopathist as for an allopathist, *unless the secretary should reveal to the examiners the secret of an applicant's mode of practice*, a thing which he could easily do, and which some secretaries would do without the slightest compunction.

Presuming, however, upon the honesty of the secretary, it has been argued, and with much force, that students of medicine would be deterred from studying at homœopathic schools by the mere thought of being afterwards exposed to the tender mercies (?) of an allopathic examining board, or one composed in part of allopathic physicians. This fear would be a perfectly natural one to all students who know anything of the history of allopathic dealings with homœopathy and with its practitioners, and the result would be a gradual but rapid weakening of our colleges in the first place, and our numbers and influence in the second.

The writer of this editorial was a member of the committee of conference which framed the Pennsylvania bill. This committee was appointed for that purpose solely, and not to consider the question of legislation or no legislation. The proposed bill then came before the two county societies, and both of them disapproved it; "one of them because," as was said by an allopathic member of the committee, "it contained too much homœopathy, and the other, because it contained too little." It is reported, however, that notwithstanding the opposition, the Society of Medical Jurisprudence, in which the measure originated, will make an effort to secure its passage—of course without much reasonable expectation of success.

Is it not time that the homœopathic profession, as a body, should reach and adopt some well-defined conclusions on the hackneyed subject of legislation in medical matters? The whole subject is easily studied and easily comprehended.

First. The people are their own masters in their choice of a medical adviser, and the right of any man—even an ignorant one—to offer medical services, *and for pay*, is not to be questioned. The law may forbid such acts on the part of both physician and patient, but the *right* exists still, law or no law.

Secondly. The people are not asking for such legislation. The whole business is being managed by physicians, and chiefly by allopathic physicians.

Thirdly. A very cursory examination of existing and proposed medical laws, shows that they are more adapted to the protection of the physicians now in practice than to the defence of the public.

Fourthly. There are evidences that some of those who originate these legislative measures design them ultimately for the enforcement of Trades' Union rules and codes of ethics (?), and for the subversion of the liberty of medical opinion.

The first and second of these propositions need neither argument nor demonstration. As to the third, can anybody for a moment suppose that under a law, like that of Virginia, for instance, medical examinations can be anything else than a farce and a fraud? In other words, will three practical and experienced, but necessarily more or less rusty men, conduct a better examination than ten equally practical and experienced men who are forced, by the necessities of their educational tasks, to keep themselves thoroughly polished in their respective branches? Here it will be answered, that these men are not under the temptation to pass unworthy candidates that beset the average college professor. No; but they are under other temptations from which the college professor is exempt, viz., to reject worthy applicants lest they should overshadow or crowd out the examiners themselves; and they are also more likely than college professors to demand of candidates conformity to their own personal views respecting medical theories and practice. To say that three men, selected from a board, constituted as some of these boards are, will be likely to sift out improper men who have already passed the average college ordeal, is to utter ridiculous nonsense. They will be almost as likely to reject the good and retain the bad as to do the opposite.

As to our fourth statement, that these laws may be used to enforce Trades' Union rules and codes of ethics, so-called, and to subvert the liberty of medical belief, it is only necessary to direct attention to a few significant facts:

First. It has been declared by a prominent Canadian physician that the establishment of a board of examiners in Canada has prevented students from attending any but allopathic colleges, and has practically destroyed homœopathy as a distinct mode of practice, so that, while it still has numerous practitioners in the Dominion, few, if any, new ones are locating therein.

Second. The same explanation is publicly given respecting the relative weakness of the homœopathic profession in Germany and other European countries.

Thirdly. In discussions in local allopathic societies in the United States it has more than once been apparent that this exclusive sect still claims the right to decide who shall be permitted to practice medicine.

Fourthly. Allopathic members of the profession in Pennsylvania have opposed the bill to establish a board of examiners, because it fails to give the allopathic seven the full control of the license business.

Fifthly. The secretary of the Illinois State Board recently undertook to discipline a physician whose sole offence was a violation of the code as interpreted by said secretary. And,

Sixthly. It is now proposed to so amend the Ontario Medical Act, as to provide for the adoption of a code of ethics by the College of Physicians and Surgeons of Ontario,—the Council to have power to erase from the register the names of individuals who violate the code.

These things are sufficient to make homœopathists exceedingly cautious in permitting allopathists to have any authority whatever, or any participation in the work of teaching, examining, licensing, or governing medical practitioners, except those of their own exclusive sect. We ought to demand that, under all future legislation, the examination and licensing of homœopathic physicians shall be done by homœopathists exclusively, even though it should involve the State in some additional expense. It should also be our aim to secure the early repeal of all legislation inconsistent with this method.

Dr. Hughes's Paper on "Aloe."—On application being made to Dr. Hughes, of England, for a contribution to our pages, he has replied that he can give no time at present to original work, but sends us a specimen of the new *Cyclopædia of Drug Pathogenesy*. He desires it to be stated that the presentation of this medicine is provisional, not yet having been submitted to the judgment of the American editor; and he wishes those who study it to compare it with the schema of Aloe given in Hering's *Amerikanische Arzneiprufungen*, and Allen's *Encyclopædia*, and to read in conjunction with it, the article of the latter physician in the *North Amer. Journ. of Hom.*, for February, 1882.

Isn't it Strange.—A few years ago an effort was made to induce the National Allopathic Association to declare it a violation of the code of ethics for any allopathic physician to sign the diploma of a graduate who intended to practice homœopathy, and quite a strong sentiment in favor of such a declaration was found to exist. And now we find that numerous members of that association are making strenuous efforts to get control of the whole business of licensing homœopathic physicians. How *very*, VERY kind!

Notes and Comments.

Patient Waiters—Young doctors.—*American Druggist.*

Smaller Classes than usual, is said to be the rule in American Medical Colleges this winter.

The American Homœopathist is henceforth to be the slightly elongated, and, we think, greatly improved name of our excellent New York contemporary.

Eternal Fitness of Things.—An esteemed allopathic contemporary contains the advertisement of a fashionable undertaker on the last page of its reading matter.

Mortality Among Physicians.—One-seventh of all the White Cross Society's physicians, attending the cholera patients at Naples, during the recent pestilence, succumbed to the disease.

Ward's Island Hospital.—During the year ending December 31st, 1884, 5461 patients were under treatment at the Homœopathic Hospital, Ward's Island, with a death-rate of 5.13 per cent.

The Homœopathic Mutual Life Insurance Company still succeeds in paying all its death losses out of its interest income, and reports a balance over all reserves and liabilities—which is a surplus security to policy holders—amounting to $104,417.35.

The Garfield Memorial Hospital of Washington City, is said to be in a bad way, financially, and likely to "go under." A newspaper report of the matter says, that "although many thousands of dollars were raised throughout the country for this hospital, the money has all been spent." What else could be expected of a management which deliberately proposed to divert from their intended purpose the donations of homœopathic contrbiutors? Dishonest in one thing, dishonest in all.

A New Journal.—With the January number, the *Advance* begins the publication of a thirty-two page addition, devoted exclusively to Obstetrics, Gynecology, and Pediatrics, thus increasing the size of the *Advance* to eighty pages of reading matter monthly, exclusive of advertisements. The addition will be separately paged and have a separate index, so that it can be bound in a volume by itself, and, if necessary converted into a separate journal in the future. It will be under the management of the Gynecological editor, Phil. Porter, M.D., of Detroit, assisted by an able corps of collaborators.

A Big Virginia Snake.—The "Medical Examiners" of Virginia are thirty-two in number. The law gives a candidate the privilege of selecting any three of them to conduct his examination. But the Board has adopted a rule requiring all questions and answers to be forwarded to the President of the Board and read before the Board at the Annual Meeting. "The applicant is required to answer three-fourths of all the questions *on each subject* satisfactorily." "Satisfactorily" to whom? To the three examiners selected by the candidate? Not much; but to the "Board." And there are to be fifteen questions on Materia Medica and Therapeutics, twenty on Practice, and twenty on Surgery. On the other branches, Obstetrics included, there are to be but from four to eight questions each. The mill for grinding homœopathists to powder seems to be already in good running order and well oiled up.

New Publications.

A Manual of Dermatology. By A. R. Robinson, M.B., L.R.C.P. and S., Edin. New York: Published by Birmingham & Co. 1884.

After an exhaustive consideration of the anatomy, physiology, and symptomatology of the skin, the author proceeds to the examination of skin diseases. These he divides into nine classes.

Each class, as it comes up for study, is defined as to its general qualities, and then its individual diseases are taken *seriatim*. First is given the name of the disease, with its synonyms. Then follow definition, symptoms, varieties, anatomy, etiology, diagnosis, prognosis, and treatment.

The work is very full and clear. Especially commendable are the definitions, which set forth tersely the essential character of the affection that is to be treated in detail.

The classification adopted should be regarded as a convenient arrangement of diseases rather than, in all cases, a scientific grouping of allied affections. For instance, under the broad term "Exudations" are arranged such diverse diseases as measles, scarlatina and rötheln, and syphilis, eczema, burns, frost-bite, and carbuncle. Under "Hypertrophies" appear such extremes as chloasma and elephantiasis, psoriasis and onchogryphosis.

The author prefers limiting the term anthrax to the malignant pustule caused by the bacillus anthracis, rather than extending it to carbuncle, as is commonly done. This would indeed be wise, but it is very difficult to enforce such changes; habit makes slaves of us all.

Alopecia areata, regarded by many as parasitic, is, in the book before us, regarded as probably not of fungous origin. In view of numerous experiments both for and against the parasitic theory, the author certainly has the privilege of leaning towards the conclusion drawn from his personal observations.

Concerning the contagiousness of leprosy, the author writes quite conservatively. He does not, following the many, pronounce the loathsome disease non-contagious; but, like Piffard, admits the force of the evidence against contagion, while, at the same time, he brings forward proof that the disease is inoculable, like syphilis. We prefer this conclusion, for it agrees more with the strict laws imposed upon the Jews, and gives warrant for recent compulsory segregation of lepers in countries in which the disease is spreading rapidly.

Taken altogether, the work before us commends itself as the careful study of one who is familiar with his subject, clear in his style, and explicit in definition and description. F.

American Medicinal Plants. By C. F. Millspaugh, M.D. Published by Boericke & Tafel. 1884.

In the number of the Hahnemannian for December, 1884, we criticized the first five parts of this work, directing notice wholly to the coloring and drawing of the plates.

If our remarks were a little severe, they were not unjust, and must remain unqualified. But we wish here to call attention to a point omitted in the previous review; we mean the "description" given of each plant. These descriptions are accurate and unique, and possess the rare virtue of not being copied from this and that text-book of botany. Their originality, and at the same time their correctness to nature, deserve especial commendation.

HOLDEN'S ANATOMY; A Manual of Dissection of the Human Body. By Luther Holden. Fifth Edition. Edited by John Laughton. Published by P. Blakiston, Son & Co. 1885.

This is a very elaborate Manual, illustrated with over two hundred cuts, and arranged in a form convenient for ready reference. It is just what is needed for advanced and thorough work in the dissecting-room.

HISTORY AND PROCEEDINGS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION FOR THE YEARS 1881, 1882, AND 1883. Published by the Association. 1884.

The avowed object of this Association is to promulgate and protect homœopathy as taught by Hahnemann in his *Organon*.

A check upon the loose methods of our school is sadly needed. Can the Association, does the Association, exert such wholesome restraint?

On page 40, we read that a prover took one dose of Amm. carb. 1^{m}, and in twenty-seven days a dose of the 10^{m}. "On the seventy-second day, being completely exhausted by the severity of the symptoms, having become very thin and weak," he took a dose of Lach. c. m. We believe in high potencies, but we have not implicit faith in the statement that two doses, the 1^{m} and the 10^{m} respectively, will make one very thin and weak. There's no strong "check" here.

On page 64, Dr. L. B. Wells says that he gave Pulsatilla daily for two weeks before confinement to every patient, and all the labors were normal. We believe in the corrective power of this drug, but it is anti-*Organon* to give it to every case. The need for "check" is reversed here.

Dr. P. P. Wells wields, as usual, a powerful weapon in defence of homœopathy; his several addresses are full of strong points. We differ with him, however, as to his notions of the composition of high potencies, though *we agree with him that they act*.

Dr. E. Cranch's proving of Ledum, fragmentary though it is, is admirable, and will stand the test of the *Organon* or of experience.

Dr. Berridge's proving of Ipecac. is also good,—good "checks," both these.

So the articles in the volume run,—some extreme, some sound, some graphic, Dr. Guernsey's exhaustive article on hæmorrhoids, for instance. And so is the usefulness of the Association to be measured.

Diseases of the Urinary and Male Sexual Organs. By W. T. Belfield, M.D.

The Therapeutics of the Respiratory Organs. By Prosser James, M.D.

A Manual of the Medical Botany of North America. By Lawrence Johnson, A.M., M.D. Being the October, November, and December numbers, respectively, of Wood's Library for 1884.

These several works present nothing remarkable or new. The first treats very plainly of diseases of the urinary and genital organs. The chapter on urethral fever is very good.

The second deals with the usual medicines employed by allopathists in respiratory affections, including, that it may be "up to date," Kairin, Resorcin, etc.

The third begins with the general principles of botany, and then describes many of the plants used in medicine. It is profusely illustrated both with wood-cuts and colored plates.

We desire to observe that the medical applications made are often imperfect, because of the extreme incredulity of the author.

His fear lest he yield something to homœopathy, leads him into a very incomplete therapy of Pulsatilla, Cimicifuga, etc., and into actual error in his denunciation of Arnica.

Allopathic readers of Phillips, Ringer, and Merrell will appreciate what we mean, and gauge Dr. Johnson's Botany accordingly. F.

Annals of Surgery: A Monthly Review of Surgical Science and Practice. Edited by L. S. Pilcher, M.D., and C. B. Keetley, F.R.S. Price $5 per annum. J. H. Chambers, 405 N. Third Street, St. Louis, Mo., publisher.

The above-named periodical is essentially a continuation of the *Annals of Anatomy and Surgery*, so ably edited for several years by Dr. Pilcher, and which ceased publication one year ago. It is to be issued monthly, and will contain from 80 to 100 pages in each issue. The January number contains four original articles; the first one of which is by the English editor of the journal, Mr. C. B. Keetley, on the treatment of osteomyelitis. He shows that the marrow is not essential to the life of the bone, and also that large cavities can be washed out with corrosive sublimate solution (1-1000) with perfect safety. The operation which he advises is, that the marrow shall be removed from the interior of the bone by scraping, and then that the cavity of the bone shall be disinfected by washing with the corrosive sublimate solution, after which iodoform is applied. Many authors advocate that the bone cavity be filled with iodoform, but, in view of the fact that poisoning may occasionally occur from this procedure, Mr. Keetley uses the ethereal solution of the drug, and finds it amply sufficient.

Dr. Francis J. Shepherd reports a case of wound of the anterior tibial artery, complicating compound fracture of the leg, and which endedin recovery without recourse having been made to amputation, a procedure deemed necessary by most surgical authorities for so serious an accident.

The third paper is by Dr. Lewis A. Stimson, and is "An Inquiry into the Origin of the Use of the Ligature in the Treatment of Aneurism."

In the fourth and last paper, Dr. A. J. C. Skene reports his fourth case of Laparoelytrotomy, and which ended successfully for both mother and child. The author considers this operation much safer than Cæsarean section or craniotomy. In his four cases he has had but one death. The only accident likely to occur during the operation is wounding of the bladder, but it is not as serious a one as we might suppose, as it occurred in the case reported but was followed by no untoward symptoms.

The number closes with a review of the progress of surgical science during 1884, and with the usual book-reviews and abstracts. Perhaps we should not say "the usual book-reviews," for "usually," book-reviews consist in unqualified praise of the work reviewed, regardless of its character or contents; such, however, are not the reviews in the *Annals of Surgery*, as each work is passed on according to its merits.

The *Annals of Surgery* is the only periodical in the English language devoted exclusively to Surgery. Editors and publisher have alike done their work well; they deserve success in their new venture. B.

Gleanings.

Non-Operative Treatment of the Serpiginous Hypopyon Corneal Ulcer.—While Saemisch's operation for the cure of serpiginous ulcer of the cornea has yielded good results, it is occasionally followed by iritis and even more serious results. Dr. G. A. Berry, therefore, recommends in its place a plan of treatment which has given him good results. The spread of the inflammation is due in most, if not in all, cases to a septic suppuration. From analogy with ulcers elsewhere, we should expect that by destroying the organisms with which the tissues are infiltrated and then keeping up an efficient antiseptic application, the ulcer would be put under the most favorable conditions for healing. The form of inflammation with which we have to deal partakes more of the nature of an abscess than ulcer. The first step necessary in the majority of cases is to break down the abscess margin into an ulcer. This may be done very easily by means of a grooved spoon or scoop, such as is used for removing foreign bodies from the cornea. Then the margin should be scraped until it is thoroughly broken down, and the whole of the inflamed portion of the cornea presents the appearance of an ulcer. Next, the whole surface of the ulcer, as it then presents itself, should be cauterized with a 2 per cent. or 3 per cent. solution of Nitrate of silver: after which an ointment of Iodoform in Vaseline (1-10) should be applied to the eye every two hours.—*Ophthalmic Review*, December, 1884.

Case of Over-extension for Fracture of Femur.—Dr. W. A. Merritt reports a case of fracture of the femur, in which, after eight weeks' treatment by another medical man, union had failed to take place. The injured limb measured one and a half inches more than its fellow. All extension was removed. In the course of eight weeks more the fractured bone had united. The shortening amounted to half an inch.—*Medical Annals*, December, 1884.

Shortening the Round Ligaments for Uterine Displacements.—Mr. W. L. Reed has performed the Alexander-Adams operation of shortening the round ligaments for uterine displacement three times. As a result of his experience, he believes that it is best to use antiseptic precautions, although there is but little hope of the wound healing by first intention. The loose part of the cord should not be folded up in the wound, but the greater part of it cut off, so as to avoid the presence of sloughing tissue in the wound. Properly secured by sound stitches, and with the uterus supported by a good pessary, there is no danger of the cut ends being drawn into the abdomen. Contrary to Dr. Alexander's recommendation, he has found that the end of the round ligament is more easily isolated by grasping it with a broad pair of dressing forceps. The cross-fibres, which prevent it from running out, can then be cut, or torn gently away, one by one, until it begins to come out freely. Referring to the results of the operation, he finds that much in the way of immediate relief cannot be promised. It remedies the *position* but not the *condition* of the uterus. Still, it may be employed in obstinate cases, in the hope that the malposition being remedied, the morbid condition may be more readily subdued.—*Br. Med. Journ.*, November 15th, 1884.

Professor Frerichs on Diabetes.—Frerichs (*Centrabl. für die Medizin. Wissensch.*) distinguishes three principal varieties of Glycosuria:

1. Glycosuria after poisons, which constantly occurs after poisoning by Curare, Carbonic oxide, Amyl-nitrite, Ortho-nitro-phenyl-proprionic acid, and Methyl-delphinin. It occasionally occurs after large quantities of Morphia, Chloral hydrate, Hydrocyanic acid, Sulphuric acid, Mercury and Alcohol. Glycosuria after infectious diseases is allied to the above, *e. g.*, cholera, anthrax, diphtheria, typhoid fever, scarlatina, and malaria. In the last-named disease, it was only found once in several hundred cases. The appearance of a copper-reducing substance in the urine, observed by different authors after the introduction of various substances into the body, does not rest on the presence of sugar.

2. Glycosuria from digestive derangements. While, as a rule, in healthy persons the ingestion of large quantities of sugar does not cause glycosuria, exceptional cases occur in which even small quantities have this result. Apart from this, glycosuria is found occasionally in connection with gastric catarrh, especially in those who inherit a gouty disposition. It chiefly occurs during the intervals of gouty attacks. Experiments on the introduction of sugar in cases of phosphorus poisoning, cirrhosis of the liver and portal obstruction gave only negative results as to the presence of sugar in the urine.

3. Glycosuria from nervous derangement. This includes glycosuria after psychic excitation, neuralgia, cerebral disturbance, injuries of the head and spinal column, and, finally, cerebral hæmorrhage and cerebro-spinal meningitis.

Diabetes mellitus is distinguished from glycosuria by the appearance of extensive derangements of the tissue-changes generally, which lead to general deterioration, to many local diseases, and usually to death. In speaking of the results of diabetes, twelve cases of cure are given. It often passes into some other grave disease,—nephritis, diabetes insipidus, arterial sclerosis, and their consequences. But death is far the most frequent result; and, of 250 fatal cases of the author's, 18 died from exhaustion, 34 from phthisis, 7 from pneumonia (4 of these with gangrene of the lungs), 8 from nephritis, 7 from carbuncle, and 9 from complications (6 of these from cancer). In all the other cases, symptoms of cerebral paralysis appeared, in 10 from hæmorrhage, in 2 from softening, in 3 from cerebro-spinal meningitis, and in the rest from coma, without local alterations within the skull. Fifty-five cases are reported, together with their necropsies. Pass-

ing over the causes, immediate and predisposing, of diabetes, we come to the treatment, which is not so powerless as is often assumed, for the author has had cases under treatment for ten years up to eighteen years, and one case for twenty years. A proper mental and bodily diet is of the greatest importance, and muscular exercise carefully conducted is most beneficial. Milk was found unfavorable, especially Donkin's treatment by skimmed milk. Many alkaline waters were found very useful (Carlsbad, Neuenahr, Vichy), when taken at these places. Among narcotics, Opium is important, as it often lessens thirst, urine and sugar while the body weight increases. As to the experience, usually negative, of many so-called specifics, Lactic acid had no result, and Glycerin was harmful. Salicylic acid, Salicylate of soda and Iodoform deserve further trial. All weakening influences and cutaneous irritants are to be avoided.—*Medical Record*, December 27th, 1884.

Arsenicum Iod. in Heart Disease.—Dr. J. H. Clarke sums up his experience of the Iodide of arsenic in heart diseases, as follows: 1. In almost all cases of chronic weakness of the heart-muscle, whether resulting from valvular disease or not, the *Iodide of arsenic*, more than any other single medicine, will restore strength to the muscle, and remove many or all of the attendant symptoms, both cardiac and systemic. 2. When it fails to effect improvement in the specific heart symptoms, it rarely fails to bring about improvement of the general health. 3. It is often usefully alternated with, or sometimes followed by, remedies more particularly indicated by the specific symptoms of each individual case.—*Monthly Homœopathic Review*, December 1st, 1884.

Cocaine in Combination with Atropine in the Treatment of Certain Diseases of the Eye.—Mr. Lloyd Owen has used Cocaine in combination with Atropia in the proportion of equal parts of an 8 per cent. solution of Hydrochlorate of cocaine and of the Liquor Atropiæ sulphatis, *B. P.* With this combination, he has found immediate and enduring relief given in keratitis and corneal ulcer, and also in sclero-conjunctivitis and iritis.—*British Medical Journal*, December 13th, 1884.

Treatment of Stricture Consecutive to Gonorrhœal Urethritis.—Dr. Faneuil D. Weisse shows that in the vast majority of cases stricture consecutive to gonorrhœa is located anterior to the membranous portion of the urethra. He, therefore, expresses as his opinion that much of the examination of the deep urethra and the passage of instruments into it is unnecessary and is, moreover, the cause of most of the unpleasant symptoms occasionally met with after catheterization. He suggests therefore that in our treatment of urethral stricture, we should confine our manipulations anterior to the triangular ligament. In his own practice, he uses straight sounds, graduated on the stem so that the extent to which the point is buried in the urethra may be ascertained at a glance. They are not allowed to enter the membranous portion. In his experience, now quite large, he has failed to meet with any untoward effects from his operations, and, moreover, his results have been all that the physician or patient could desire.—*Medical Record*, December 20th, 1884.

Extra-Uterine Pregnancy.—The points brought out in Dr. Nathan Bozeman's paper justify the following conclusions: 1. That retroversion and retro-lateroversions of the uterus, and the consequent changes in the relationship of its appendages, contribute largely toward explaining the causation of extra-uterine pregnancy. 2. That extra-uterine pregnancy probably has its seat originally in one or other of the Fallopian tubes, and that the abdominal varieties of it occur afterward from rupture of the tube, or by partial or complete escape of the impregnated ovum from the fim-

briated extremity of the same. 3. That, after completing the diagnosis of tubal pregnancy between the seventh and fourteenth weeks, it is of urgent importance in all cases to destroy the life of the foetus, without delay, by electricity, the surest and safest method at our command, in order to guard the patient against the immediate dangers of rupture of the cyst, now liable to take place at any moment. 4. . . . . 5. That the surgeon, when rupture of the cyst occurs, as indicated by the usual symptoms of shock and loss of blood, should open the abdomen, and secure the bleeding points without delay, success in all cases depending on the promptness and thoroughness of the procedure. 6. That the differentiation of the particular variety of ectopic gestation is of no consequence at this early stage, the treatment before and after rupture of the cyst being the same in all cases. 7. That when abdominal pregnancy is diagnosed at a later period of gestation, whether seated partially in the fimbriated extremity of a Fallopian tube or entirely within the peritoneal cavity, electricity should still be promptly employed, on the assumption that the earlier the life of the fœtus is destroyed, the less grave will be the remote dangers arising from disintegration, absorption, suppuration and the use of the knife. 8. That, in all cases of abdominal pregnancy, the fœtus becomes encysted more or less completely, and that whether its life be destroyed artificially, or it dies before or at the full term of gestation, it is liable to complicate a subsequent normal pregnancy by obscuring its diagnosis, and seriously interfering with natural labor. 9. That, when normal labor occurs with pre-existing abdominal pregnancy, it should be allowed to progress to its natural termination, the practitioner, of course, assisting the delivery with instruments when demanded; but that in the event of the dead fœtus presenting in Douglas's pouch as an impediment to the normal labor, or as a prominent projection from the same locality into the vagina, immediately after the completion of labor, the cyst should be opened and emptied of its contents, the delivery of both fœtuses being completed at the same sitting.—*New York Medical Journal,* December 20th, 1884.

Production of Tuberculosis by the Injection of Finely Powdered Inorganic Material into the Abdominal Cavities of Rabbits.—Formad, of Philadelphia, has repeatedly declared that by the introduction of finely-powdered glass into the abdominal cavity of rabbits, he has induced as typical a tuberculosis as others have produced by the inoculation of Koch's bacilli. Sternberg, believing that in Formad's experiments, proper precautions had not been taken to exclude the action of germs accidentally present in a long-used laboratory, instituted experiments of his own on the subject. The finely-powdered glass, or ultramarine blue, suspended in water, was introduced into little glass flasks with a long neck. After filling them to about one-third of their capacity, the extremity of each was hermetically sealed in the flame of an alcohol lamp. The contents were then sterilized by placing them for an hour or more, in a water-bath, maintained at a boiling temperature. The sterilized contents of one of these flasks, were introduced directly into the abdominal cavity of each rabbit operated upon, without any exposure to the external atmosphere, or contact with other apparatus. The capillary extremity was first passed through the flame of a lamp to destroy any germs adhering to its external surface. The point was then broken off with sterilized forceps, and was thrust through the wall of the abdomen in such a way as to make a valvular opening. The contents of a flask were injected into the peritoneal cavity by the application of heat to the bulbous extremity, by means of an alcohol lamp. The expansion of the inclosed air quickly forced out the fluid contents with the inorganic particles in suspension. Some of the operated rabbits were then sent into the country, and with them, some not operated. Others into whom the glass had been injected were retained at the laboratory, along

with some inoculated with phthisical sputa. Two months later the rabbits were killed, but no tubercular disease was found post mortem. Those inoculated with sputa were affected with tuberculosis. In cases of phthisis produced by the inhalation of fine particles of inorganic matter, careful examination fails to show the presence of Koch's bacilli, showing conclusively that these microscopic growths do not owe their origin to irritation produced in the lungs.—*Amer. Journ. Med. Sc.*, Jan., 1885.

Liberation of the Ring-Finger in Musicians.—The tendon of the extensor communis digitorum muscle that goes to the ring-finger, gives off a slip on either side, one of which goes to join the extensor tendon of the middle finger and the other to join the extensor tendon of the little finger. These accessory tendons interfere with the extension of the ring-finger when those adjacent are touching the piano keys. In 1857, Dr. William S. Forbes for the first time divided these tendinous slips, subcutaneously, in the case of a young musician, with the result of giving greater freedom of motion to the ring-finger. Since then he has performed the operation fourteen times with uniform success, and without unpleasant consequences. The resulting scar was very slight indeed.—*Cincin. Lancet and Clinic*, Dec. 27th, 1884.

Combined Turning in the Treatment of Placenta Prævia.—The treatment of placenta prævia by bimanual version was first suggested by Braxton Hicks, and afterwards practiced by Hofmeier and Behm, who treated seventy-eight cases with but a single death. Lomer has treated 108 cases with but 7 deaths. The method consists in turning by the bimanual method as soon as possible, pull down the leg and tampon with it and with the breech of the child the ruptured vessels of the placenta. *Do not extract the child then*, let it come by itself, or at least only assist its natural expulsion by gentle and rare tractions. Do away with the plug as much as possible; it is a dangerous thing, for it favors infection and valuable time is lost with its application. Do not wait in order to perform turning, until the cervix and the os are sufficiently dilated to allow the hand to pass. Turn as soon as you can pass one or two fingers through the cervix. It is unnecessary to force your fingers through the cervix for this. Use chloroform freely. If the placenta is in your way, rupture the membranes at its margin; but if this is not feasible, perforate the placenta with your finger; get hold of a leg as soon as possible, and pull it down. The treatment now should be left to nature. Forcible extraction of the child may lacerate the cervix, and cause fatal hæmorrhage. One reason why this method has not received the attention it deserved, was because operators labored under the wrong belief that the grand thing that ought to be obtained in placenta prævia, was a quick delivery Lomer claims for this method, that when applied to proper cases, the prognosis for the mothers is much better than what statistics have shown hitherto, and much better than what text-books generally accept it to be. That for the child is about the same as for other modes of treatment. The only time during the operation that bleeding will be profuse, will be when the fingers are forcing their way through the placenta. But this danger is soon removed, and subsequent hæmorrhage is slight or absent.—*Am. Journ. Obstet.*, Dec., 1884.

Observations on the Regeneration of the Vagus and Hypoglossal Nerves.—It has been definitely settled that fibres of cut ends of nerves will unite with similar fibres, that sensory fibres will reunite with sensory fibres, and motor fibres with motor fibres, and that as a result the regenerated nerve will carry the normal impulses. In the case, however, of the regeneration of motor with sensory fibres, there yet remains considerable uncertainty. Schiff has, however, made a long series of experiments, in which he has fully satisfied himself that it is impossible to unite

motor with sensory fibres. The same observer has also made experiments to determine if the fibres of nerves of entirely different origin and function would unite, and if regeneration should occur, to know the form of return of function, or in other words, to know if a motor nerve was capable of conveying impulses peculiar to another motor nerve. The vagus and hypoglossal were selected. Five dogs were prepared by Professor Schiff, in which he cut the hypoglossal on one side, close to its exit from the cranium and the vagus at the thyroid. The peripheral end of the vagus was then cut off as low in the neck as the wound permitted. The peripheral end of the hypoglossal was sutured to the central end of the vagus in each case, by means of a stitch of raw silk from the cocoon, run through the neurilemma with a very small needle. Observations made on the animals thus prepared showed that the motor fibres of the vagus, in all the five dogs operated upon, had actually become united to similar fibres in the trunk of the hypoglossal, and that the hypoglossal fibres conveyed impulses which were peculiar to the vagus apparatus. Moreover, that in at least one dog (the others not being examined in this way) irritation of the sensory fibres in the hypoglossal trunk gave rise to impulses which were conveyed by the sensory fibres of the vagus to the vagus centres, and produced effects like those induced by excitation of the vagus trunk, thus showing, in both instances, that a motor or sensory nerve can convey impulses peculiar to another motor or sensory nerve of different function and origin; and indicating that at least in some nerves, the effects produced by impulses from the periphery are not dependent upon any peculiarity of impulses due to physiological peculiarities of the peripheral sense-organs or nerves through which the impulses are conducted, but under the peculiar physiological properties of the nerve-centres, hence we have respiratory movements etc., occurring in the tongue, brought about by impulses from the vagus-centres through the hypoglossal nerve, and effects on the respiration, pulse, pressure, and vomiting centre, through impressions carried to the vagus centres by impulses generated in the hypoglossal. Not only do we find motor fibres of distinct origin and function united, but we find among the vagus-fibres at least three physiologically distinct sets of motor-fibres united with fibres of the hypoglossal, viz., fibres conveying *inspiratory* impulses, fibres conveying *expiratory* impulses, and fibres conveying œsophageal impulses.—*Am. Journ. Med. Sc.*, Jan., 1885.

Treatment of Perforating Ulcer of the Foot.—When the perforating ulcer of the foot, met with in ataxia, has developed itself, it will be found that the epithelium around the margin of the ulcer has heaped itself up. The sore appears to be set upon a mound of hardened, thickened integument; and it thus happens that the depth of the ucler, or the length of the ulcer is greatly increased. The pressure exercised by the thickened skin about the sinus, tends to encourage an increase in the sore, and is a grave bar to healing. Mr. Frederick Treves calls attention to a plan of treatment, which in two cases has given him good results. The patient is confined to bed, and the sole of the foot is kept continually poulticed with linseed meal. This causes the epithelium to soften and swell up, so that at the end of twenty-four hours, the ring around the sore appears as a very prominent softish white mound. All this redundant epidermis is shaved away with a scalpel, and the poultice is reapplied at the end of another twenty-four hours, the deeper layers that were not affected by the first poulticing have become swollen and prominent. They are, in turn, cut away. The poultice is again applied, and the scalpel used day by day, until the whole of the epidermic mass has been removed, which will be in about ten to fourteen days. Around the sore there will now be nothing but fresh, pink epidermis, looking active and healthy. The ulcer in the mean time will be found to have cleaned. The poultices are now discontinued,

and to the sore is applied a paste of the consistence of thick cream, composed of salicylic acid and glycerin, to which is added some carbolic acid, in the proportion of ten minims to the ounce. This paste is applied on lint, and is quite painless. The ulcer soon heals, and when the patient gets up, he is instructed to wear a thick pad of felt plaster over the spot, with a hole in its centre, that corresponds to the recent sore. The patients should also be instructed to pay great attention to the cleanliness of the feet, to wear well-fitting woollen stockings, and easy boots.—*The Lancet*, Nov. 29th, 1884.

An Analysis of Cases of Diphtheria.—At a recent meeting of the Berlin Medical Society, Henoch read a paper upon diphtheria as observed in the Charité Hospital in the years 1882 and 1883. Exclusive of doubtful cases of angina, so-called scarlatinal diphtheria and idiopathic croup, no fewer than 319 cases of the disease were observed; 216 of these were between the ages of two and six years. The mortality was very high, viz., 208, particularly in the first three years of life; 17 out of 118 attacked in this period recovered. This high mortality was ascribed partly to the "genus epidemicus," partly to the insanitary surroundings of the sick, and to the fact that many of them were tuberculous, and of the lowest class. In 145 cases, the larynx was implicated, and 129 of these succumbed; of the remaining 174 cases, 79 died. Tracheotomy was performed in 138 cases, with only 16 recoveries; but 17 of these deaths were due to the supervention of scarlatina. Of 66 cases tracheotomized during the first three years of life, only 2 survived, death being almost invariably due to croupous bronchitis or bronchopneumonia; but occasionally to erysipelas of the wound and diphtheritic collapse. On an average, the greatest danger to life was from the second to the fourth day after the operation. Speaking of the associated conditions, Dr. Henoch said that, scarlatinal cases excluded, cutaneous eruptions were rare. In three cases a diffuse urticaria-like erythema was noted over the nates and extensor surfaces of the extremities. Swelling of the submaxillary glands was constantly observed, but except in highly malignant cases, it did not pass on to suppuration. In no case—except a doubtful scarlatinal one—was there swelling of joints; nor endocarditis which was never found post mortem. Albuminuria was most common, and if it reached an amount of one-third or more, was regarded as of bad prognostic significance, for in such a case, it indicated either intense blood poisoning, or nephritis, which, *per se*, was an element of danger even after the diphtheria had passed away. Dropsy, however, rarely occurred, and uræmic symptoms were never observed. This nephritis which could hardly be considered a true sequel, was frequently associated with cardiac debility, the recurrence of inflammations and diphtherial paralyses. The use of corrosive sublimate as a gargle, of arsenic and iron, and of papayotin in serious cases, was advocated.—*The Lancet*, Nov. 29th, 1884.

News, Etc.

Professor H. P. Gatchell has taken up his residence in Asheville, N. C.

Personal.—Dr. D. W. Shoemaker has removed to No. 2033 Columbia Avenue, Philadelphia.

Wanted by the business manager of this journal, a copy of the Hahnemannian Monthly for October, 1876.

Pittsburgh Homœopathic Hospital.—The Executive Committee of this institution announce the positions of House Physician and House Surgeon vacant, and would like to fill them as soon as possible.

The Medical Visitor is the title of a new monthly, edited by T. S. Hoyne, M.D., of Chicago, Ill. The January number gives a list of homœopathic physicians in a large number of the Western States.

The American Institute of Homœopathy will hold its next session in St. Louis, Mo., commencing on the first Tuesday (2d day) of June next, at 10 o'clock, A.M.

J. C. Burgher, M.D.,
Secretary.

Encyclopædia Britannica For Sale.—The widow of a prominent homœopathic physician recently deceased, desires to dispose of her husband's subscription to the above work. For particulars apply to Mr. Schaeffer, care of Boericke & Tafel, 1011 Arch Street, Philadelphia.

The New York Homœopathic Medical College has appointed Dr. A. R. Wright, of Buffalo, Professor of Hygiene in that institution. Professor Wright will deliver a course of lectures on his subject during the present session. The school has made a wise selection and the students are to be congratulated.

Homœopathic Hospital in Liverpool.—Mr. Henry Tate has purchased a tract of land in Liverpool, on which he proposes to build a homœopathic hospital. The total outlay which he proposes to make on both house and grounds will be ten thousand pounds. The lot is sufficiently large to allow extensive additions to the buildings, when, in the future, they may be needed.

Medical Lectures to Police.—Dr. F. R. Schmucker is delivering a series of lectures to the police force of Reading, Pa., on medical and surgical emergencies. At the last meeting of the Medical Society a resolution offering its services to the Mayor, by way of giving instructions to the policemen for the purpose indicated, was passed. The Mayor expressed his approval of the Society's suggestions.

The "Archives of Medicine" has again discontinued publication, the reason assigned for such action on the part of the editor and publishers being that the general sentiment of the profession is in favor of periodicals appearing at brief intervals. It is certainly to be regretted that a journal conducted so ably as the *Archives* should fail to receive the support which the character of its contents merited.

Gold Medal Awards to United States Products at International Health Exhibition, London, 1884.—Among the food products exhibited at the International Health Exhibition, London, 1884, from the United States, were *Beef Peptonoids* and *Maltene*. Both of these preparations carried off the only Gold Medal and highest award against numerous competitors in their respetive classes. All food preparations were critically analyzed at this exhibition by a jury composed of the best chemists in the country.—*London Lancet.*

Celebrating his Eighty-ninth Year.—Dr. Henry Detwiller, of Easton, has attained the 89th year of his age. The event was celebrated by a family gathering. Dr. Detwiller has quite an interesting history. He was the first physician who practiced homœopathy in Pennsylvania, and with Dr. Wesselhoeft, Dr. C. Hering, Dr. John Romig, and Dr. C. Freitag, established in Allentown, in 1834, the first academy of homœopathic healing art in the world. He was born in Switzerland.

American Institute of Homœopathy.—*Announcement of the Bureau of Surgery, Session of* 1885.—It will be remembered by those who were present at the last meeting of the American Institute of Homœopathy, at Deer Park, that though the subject selected for the consideration of the Bureau of Surgery was of the utmost importance to both physician and surgeon, the time allotted for its consideration was so restricted that not more than three minutes could be allowed to each paper, and that the discussion was *nil.*

In order, therefore, to gain the maximum of *practical information* within the shortest time, the chairman, after consultation with other members of the Bureau, has decided to depart from the usual routine, and allow but *a single synoptical paper* to be read, the remainder of the time appropriated to the Bureau being occupied with discussion upon the subject-matter of that paper. Reading, research, and compilation are readily accomplished at home; interchange of thought, the details of practical experience, and the expression of individual opinion, are the desiderata of a public meeting.

In view of these facts, the subject selected for the consideration of the Bureau of Surgery at the next meeting of the Institute, to be held in St. Louis, is "The Surgical Diseases of the Testicle (Exclusive of the Cord)." A paper containing a brief synopsis of the diseases to which the testicle is obnoxious, will be read by Professor I. T. Talbot, M.D., of Boston, and it is hoped that not only the members of this bureau, but all others interested in this important subject, *will prepare themselves* to enter into the discussion at the next meeting of the Institute. It is believed that by this method much *practical* information may be obtained relative to the several diseases of the testicle which would be necessarily overlooked if the time of the Bureau was consumed by the reading of papers.

Wm. Tod Helmuth,
Chairman Bureau of Surgery

Organization of the Alumni Association of the Hahnemann Medical College of Philadelphia.—An adjourned meeting of the Alumni residing in Philadelphia and vicinity was held on the evening of December 4th, 1884, in the lower lecture room of the old college, for the purpose of effecting the permanent organization of the Alumni Association. The proposed constitution and by-laws were read and adopted. They provide that the name of the organization shall be "The Alumni Association of the Hahnemann Medical College of Philadelphia." Its objects shall be to promote the interests and extend the influence of the Alma Mater, to advance the higher medical education, and for intellectual and social intercourse. Any physician on whom has been regularly conferred the degree of the Homœopathic Medical College of Pennsylvania, or of the Hahnemann Medical College of Philadelphia, and honorary members of said institutions, shall be eligible to membership. The annual meetings shall be held in Philadelphia, on the night of Commencement.

An election took place for officers, with the following result:

President—Dr. Augustus Korndoerfer (Class of '68), Philadelphia.

Vice-Presidents—Drs. William B. Trites, '69, Philadelphia; Horace F. Ivins, '79, Philadelphia, and J. H. McClelland, '67, Pittsburgh.

Permanent Secretary—Dr. William W. Van Baun, '80, Philadelphia.

Provisional Secretary—Dr. C. Bartlett, '79, Philadelphia.

Treasurer—Dr. William H. Bigler, '71, Philadelphia.

Executive Committee—Prof. William Tod Helmuth, M.D., '53, New York City; Prof. A. C. Cowperthwait, M.D., '69, Iowa City, Iowa; Dr. John C. Budlong, '63, Providence, R. I.; Dr. Charles H. Lawton, '71, Wilmington, Del.; Drs. William B. Van Lennep, '80; H Noah Martin, '65; Isaac G. Smedley, '80; John K. Lee, '51, and Joseph C. Guernsey, '72, of Philadelphia.

OBITUARY.

WILLIAM STILES, M.D.

Dr. William Stiles died of typhoid pneumonia, at his residence in Philadelphia, on January 3d, 1885. He was seventy-one years of age. He was born at Trenton, N. J. He graduated from the Old Philadelphia College, on Fifth Street, in 1851. For many years he was one of the Commissioners of the old district of Spring Garden. He was one of the incorporators of the Homœopathic College.

BERNARD BAEHR, M.D.

Dr. Bernard Baehr died at Gmunden, on the 21st of October, 1884. The deceased was born at Hanover, April 17, 1828. He studied at the universities of Göttingen and Vienna. He first became acquainted with homœopathy in Vienna, and in 1855 he published his monograph on "Digitalis." In 1862 he brought out his famous work on *Therapeutics*, on which his reputation in this country chiefly rests. The cause of his death was tuberculosis consecutive to diabetes.

WILLIAM H. ROMIG, M.D.

It is our painful duty to announce the death of Dr. William H. Romig. The sad event occurred on Wednesday morning, December 10th, 1884, the result of a heart affection. He was regarded by the medical fraternity as being decidedly brilliant and skilled as a physician and surgeon, and as having very few equals anywhere. He was a graduate of the University of Pennsylvania and of the Hahnemann Medical College of Philadelphia. After graduation, he began practice with his father, Dr. John Romig. He had a large practice and a bright professional future before him, but grim death is no respecter of persons—all must fall before his relentless edicts. He was in his 39th year, and leaves a widow and two children. His father, who is 81 years old, was one of the pioneer homœopathists, and retired from active practice about eight years ago. His sons, Drs. W. H. and George, succeeded him.

CONSTANTINE LIPPE, M.D.

At a regular meeting of the Homœopathic Medical Society of the State of New York, held January 14th, 1885, the following resolutions were read and adopted:

Whereas, It has pleased Almighty God in His mysterious providence to remove from his devoted family, from his large circle of trusting patients, and from his professional brethren, Doctor Constantine Lippe, of this city, a member of this Society, who was distinguished alike for his bravery as a soldier and for his skill as a physician; and,

Whereas, It is due to the memory of the deceased that this Society shall bear testimony to his personal and professional worth, and mingle its sorrow on the occasion of his decease with that of his more intimate personal friends and those of his family; therefore, be it

Resolved, That while this Society bows in humble submission and reverence before the Heavenly Father, who has thus taken from it one of its most respected members, it also bears willing testimony, not only to the careful training which had so admirably fitted the lamented deceased for the arduous labors and great responsibilities of his profession, and to the admirable result of that training which was seen in his unusual knowledge of the delicate intricacies of the Materia Medica, and in the great success which attended his professional labors; but, also, to the manliness of his manhood, on the field of battle, in the social circle, and in his profession; and to his great moral worth in all the relations of his life.

Resolved, That the Society respectfully extends to the devoted widow, to the venerable father, and to the other members of the family of the deceased, its earnest sympathy in their great sorrow, humbly trusting at the same time that He who hath taken from them a husband, a son, and a brother, will also graciously extend to each of them His heavenly support and comfort.

Resolved, That copies of these resolutions, duly attested by the Secretary, be sent by him to the widow of the deceased, and to his venerable and distinguished father, be spread on the minutes, and that they also be sent to medical journals of New York and Philadelphia for publication.

A. B. NORTON, M.D.,
Secretary.

R. E. CARUTHERS, M.D.

Died, on January 5th, 1885, at 3 A.M., at his residence, 107 Arch street, Allegheny, Pa., R. E. Caruthers, M.D., aged 36 years.

At a meeting of the Allegheny County Homœopathic Medical Society, held Friday evening, Jannary 9th, a committee appointed for the purpose reported the following:

Robert Ewing, son of George C. and Mary Jane Caruthers, was born December 11th, 1848, in Allegheny, Pa. He received his early education in the public schools, and afterwards attended Mount Union College, Stark County, Ohio.

In April, 1870, he entered upon the study of medicine under the preceptorship of Dr. L. H. Willard, and attended lectures at the Hahnemann Medical College of Philadelphia, where he graduated in the class of 1873. He practiced medicine in Allegheny until April, 1876, when he removed to Downingtown, Pa. Here he remained but one year, when he returned to his former field of practice, and remained until the summons came to "enter into rest."

In January, 1876, Dr. Caruthers was united in marriage to Miss Rachel L. Shoemaker, of Philadelphia, whose parents were of old Quaker stock. His widow, three children, and a widowed, childless mother, survive him.

"Who in life's battle firm doth stand,
Shall bear Hope's tender blossoms
Into the Silent Land."

For over eleven years he had a constantly increasing practice, and by untiring, conscientious labor, he had endeared himself to his patients, and by his modesty and worth he had gained a strong hold upon his medical brethren. In 1873 he became a member of the Allegheny County Homœopathic Medical Society. In 1875, he was elected Secretary, and in 1876 re-elected. In 1880 he was chosen Vice-President, and in 1883 he filled the Presidential chair of the Society. He was also a member of the American Institute of Homœopathy. Dr. Caruthers was first a member of the Dispensary Staff of the Homœopathic Hospital, and subsequently served on the Medical Staff, and when the Medical Board was reorganized, upon the opening of the new hospital, he was appointed one of the Orthopedic Surgeons. He became a member of the State Medical Society in 1873, the transactions of which bear his impress for the last six years, exhibiting his faithfulness, efficiency, and untiring zeal as Corresponding Secretary, and as editor.

As a citizen, a Christian man, a son, husband, and father, he has well performed his part in life. Stricken down with his armor still bright from constant use, honored in life, respected and mourned in his death, he rests from his labors.

On the 20th of December (the last day he was out) when placing a copy of the *Transactions* of 1884 in the hands of the chairman of this committee,

he remarked, "My labor is drawing to a close; I feel that I am entitled to a rest." Alas! how soon it came!

In conversation with his wife, on New Year's Day, she told of the Doctor having asked early in that morning, "What day is this?" and when she replied, "Thursday, the first day of the new year," he said, "Well, I am glad the old year has departed; it was a hard and laborious year for me."

During the funeral services, when the words of the hymn were being sung:

"Work, for the night is coming;
Work, through the morning hours,"

we could but feel how faithfully he had followed every injunction of the beautiful lines.

"Work, till the last beam fadeth,
Fadeth to shine no more;
Work, while the night is dark'ning,
When man's work is o'er."

When his body was removed from the couch to the coffin there were found two copies of the *Transactions* of 1884 under his head. How strange it seems, the last pillow his head rested on was his own completed work.

On the morning of the 7th of January his body was borne to the grave by eight of his medical brethren and hidden from sight.

We leave our friend and brother in the hands of Him "who giveth His beloved sleep."

(Signed,) W. R. Childs, M.D., Secretary.
J. F. Cooper, M.D.,
W. H. Winslow, M.D.,
C. F. Bingaman, M.D.,
C. C. Rinehart, M.D.

C. H. Hoffmann, M.D.,
Secretary.

Action of the Philadelphia County Homœopathic Medical Society.

Whereas, R. E. Caruthers, M.D., a valued member of the homœopathic medical profession, has been summoned by death from his field of labor; and,

Whereas, We, the members of the Homœopathic Medical Society of the County of Philadelphia, appreciating the great services rendered by Dr. Caruthers as Corresponding Secretary of the Homœopathic Society of the State of Pennsylvania, recognize the loss which homœopathy in our State has sustained in his death:

Resolved. That we extend our sympathy to the Homœopathic Medical Society of Allegheny County in their loss, and to his friends in their bereavement.

Resolved, That the Secretary be instructed to send a copy of these resolutions to the Allegheny County Society, to the family of the deceased, and to the homœopathic journals throughout the country.

Clarence Bartlett, M.D.,
J. C. Guernsey, M.D.,
H. Noah Martin, M.D.

H. F. Ivins, M.D.,
Secretary.

Office of the Hahnemannian Monthly, *N. E. corner Eighteenth and Green Streets, Philadelphia.*

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Original Department.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF AGARICUS MUSCARIUS.*

BY ALFRED C. POPE, M.D., LATE LECTURER ON MATERIA MEDICA AT THE LONDON SCHOOL OF HOMŒOPATHY. CORRESPONDING MEMBER OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, ETC.

THE *Agaricus Muscarius* is one of the most powerful and active of the poisonous fungi. It is also known as the *Amanita Muscaria*, the Fly agaric or Bug agaric and by the French as the *Orange Faussèe*.

It is found in dry places, and is especially common in the dry pine woods of Europe, Asia and America. It is particularly abundant in Kamschatka, and by the Nubians is largely used to procure intoxication.

The pileus of this fungus varies from a blood-red to an orange, white, green or brown color.

The tincture is prepared from the entire growth and for this purpose is collected in the autumn. The Kamschatkans, who seem vastly to enjoy the stimulating effects of this variety of Agaricus, dry the fungi by simply hanging them up in the open air. They do not chew them but, rolling them up into a ball, swallow them, and think that, by this manner of receiving them, they prevent their exciting any disorder of the stomach. It is calculated that two fungi will render a man more or less comfortably drunk for a day, especially if he drinks freely of water after swallowing his bolus. In an hour or two after taking a couple in this manner, the Kamschatkan becomes unusually cheerful, his face flushes, he chatters freely and absurdly withal, and moves about in a strange and un-

* Revised from a lecture delivered at the London School of Homœopathy, 1882-3.

wonted manner: for example, if he sees a straw or a stick lying in his path he takes a stride to get over it which would be amply sufficient to enable him to cross the trunk of a good sized tree. Another curious feature of Kamschatkan intoxication from Agaricus show that when it, like wine, is in, the wit is out, for a talkative person under its influence cannot keep either silence or secrets, and one fond of music is ever singing.

For the purposes of practical medicine, the effects produced by this substance, as recorded in Hahnemann's original proving in the *Chronic Diseases*, the experiments of the Austrian Society of Homœopathic Physicians, a collection of cases of poisoning made by Dr. David Roth of Paris, and various cases of poisoning scattered throughout medical periodical literature are arranged in Dr. Allen's *Encyclopædia of Pure Materia Medica*, vol. i. An interesting study of the action of this drug by my colleague, Dr. Dyce Brown, will be found in the twentieth volume of *The Monthly Homœopathic Review*, p. 334.

The effects of swallowing the Agaricus muscarius by the Kamschatkans point to the nervous system as that portion of the body for which it possesses a special affinity. When taken accidentally, in still larger quantities, it gives rise not only to extreme nervous excitement, with trembling and convulsions, but also to general collapse. Thus in two cases reported by Wutscher in the *Wiener Medicinische Presse*, 1872, p. 47, where three of the fungi which had first been scalded then cooked with vinegar, had been swallowed by each patient, the wife, after drinking some water, vomited the fungi spontaneously, in half an hour, immediately afterwards clonic spasms began to show themselves, and spread rapidly over the whole body; slight tetanic attacks also occurred. The greater part of these symptoms vanished in ten hours. In her husband, who was the other victim of misplaced confidence in his cook, the same symptoms occurred, with the addition of marked psychical excitement, derangement of the sensorium and general collapse. Emetics were followed by relief.

In the *Neue Zeitschrift für Homöopathische Klinik*, vol. xviii., No. 19, several cases are related which show forth the character of final collapse from agaricus poisoning more fully. Thus Vadnt, it is related, observed in some French soldiers who were poisoned by this species of fungus, anguish, choking, burning thirst, violent pains in the abdomen; small, irregular pulse, cold sweat, cyanosis of the face, general shivering, tympanites of the abdomen, very offensive stools. The coldness and

cyanosis of the extremities, delirium and extremely violent pain continued uninterruptedly until death, which occurred the next night. Again, Krombolz relates the history of a day-laborer, aged 50, who drank a decoction of twenty-four of these Agarici for an œdematous swelling of the feet. Soon after he vomited, often and violently, and had many diarrhœic stools; complained of violent pain in the abdomen, fell into an unconscious state and soon died. In this case, a *post mortem* examination revealed severe congestion of blood in the spinal cord, brain and its membranes, the lungs, the right side of the heart, the liver and kidneys. The mucous membrane of the alimentary canal was reddened here and there, but there was no trace of any softening or destruction.

The complete history of these cases of *Agaricus* poisoning, displays cerebro-spinal excitement, in the first instance, followed by exhaustion of the several nervous centres; and though we see a general vaso-motor paralysis in the congestion that ensues, there is no evidence of any of the products of inflammation having been developed.

I now pass to consider in detail the kind of influence that this drug exerts on the nervous centres, and the indications thence derived for its use in individual instances of generic forms of disease.

And, first of all, let me direct your attention to the action of *Agaricus* on the brain and spinal cord. In doing so, I shall commence by examining the kind of delirium it excites.

In the earliest stage of mental excitement, we noticed increased cheerfulness, courage, sociability and loquacity. Presently, a lack of power is evinced in walking straight, all perception of size and distance is lost, a small hole appears to be a frightful chasm, and a spoonful of water an immense lake. A cheerful, good-humored delirium prevails with great mental excitement. Hallucinations and illusions too are present. A person under the influence of *Agaricus* will, for example, imagine himself to be a military officer commanding at drill and directing various manœuvres. Another will fancy that he stands at the gate of hell, and that he hears the mushroom commanding him to fall upon his knees and confess his sins, an order which he forthwith proceeds to obey. Now occur a series of symptoms which I desire you to notice particularly, as they not only characterize the spinal action of the drug, but may at times direct you to use it in those cases of delirium in which it is so thoroughly homœopathic. During this delirium, and particularly in its later phases, a general tremor of the muscles

is observed, spasmodic twitchings are noticed in the face and neck and indeed throughout the body, while walking is performed in a spasmodic manner.

Under the influence of a more powerful dose of the drug the delirium becomes furious, self-mutilation is attempted, he raves wildly, screams loudly, and at times the excitement takes the direction of what is termed "religious" mania. These symptoms of excitement all culminate in extreme mental depression attended by physical prostration.

The morbid states in which you will most frequently meet with delirium of these two types are delirium tremens, occurring in subjects who, prior to this final "bout," had showed evidence of considerable nerve exhaustion—neurasthenia; and the second, the delirium usually observed in typhus fever.

Dr. Clifton of Northampton, in some interesting and practically useful notes on this drug (*Homœopathic Review*, vol. xii., p. 400) says that it was the means of curing two cases under his care in which other medicines had proved ineffectual. He writes: "I gave it in two-drop doses every four hours. The restless excitement was calmed, the horrible visions of mice and men running about the room were dispelled, sleep followed and the craving for wine and spirits was allayed."

Dr. Drysdale of Liverpool, was, I believe, one of the earliest physicians to deduce from the physiological action of *Agaricus* its homœopathicity to the delirium of typhus. In the *British Journal of Homœopathy* (vol. xxi., p. 400) he illustrates the indications for this use of *Agaricus* by two cases, one of which he saw in consultation with Dr. Hagman, and one which was solely under Dr. Hayward's care. In the former, the delirium was constant, the patient did not know his relatives, threw his wine and medicine at his nurse, his hands were tremulous and he was very restless. This it should be noted was on the 12th day of the fever. At midday, he received five drops of the pure tincture of *Agaricus* every two hours. In the evening, he was quieter, less tremulous and delirious and the pulse had fallen from 140 to 135. The nurse remarked that every dose of the last medicine seemed to do him good—he had had four doses. In the second case, a boy 10 years of age, there were excessive restlessness and tossing, constant delirium, scarcely any sleep, the hands tremulous and there was also *subsultus tendinum*. After these symptoms had persisted for two days, five drops of the pure tincture were given every two hours—on the 10th day of the fever. In the afternoon the symptoms were much the same, with somewhat less delirium. During the following

night, he was much quieter, and on the 12th day delirium had quite subsided.

In the *American Observer*, Dr. Hibbard, of Adams, in the State of New York, refers to the value of *Agaricus* in the delirium of typhoid, when there was "general tremor of the body." Alluding to the dose, Dr. Hibbard says "nearly every case does best on the strong tincture, one to five drops every three hours until improvement occurs. Sometimes even larger quantities of the tincture were necessary to subdue the violence of the delirium, and they must also be given as often as every hour in very bad cases.

In each of these cases of delirium, you will have observed that a general tremulous state of the muscles was a characteristic symptom.

We now come to a class of nervous disorders simulated by the action of *Agaricus*, the indications for its use in which, will, I think, be more clearly understood if we trace them, as we have ample reason to do, to that condition of neurasthenia which this poisonous fungus induces. In this category, I place headache, neuralgia, chorea, and spinal irritation. Each and all of these conditions are characterized by symptoms markedly resembling those arising from *Agaricus;* while one and all are, in many instances, traceable to that feebleness of nerve power, that exhaustion with neurotic irritability, which is so prominent a feature of the general action of the drug we are studying.

The headache, which *Agaricus* excites, is not like the ordinary simple headache arising from indigestion, but is one associated with symptoms characteristically neuralgic. There is a sense of confusion, with vertigo, varying in intensity and duration, associated with great weakness and sensitiveness to external impressions and increased by movement and mental exertion. Further, the kind of pain felt in the head is peculiar. A sensation of icy-coldness, as if cold needles were pricking the part affected is experienced, not only in the head but also in other parts of the body. By others, the pain has been described as being like fine splinters buried in the part. Stitch-like pains, such as are pressive and drawing, or bearing and boring like a nail driven with the right side of the head are, together with shooting, cramp-like, or throbbing pains all characteristic of the *Agaricus* headache. Occurring simultaneously in some instances, we find twitching of the muscles of the face, with itching of the integuments and tenderness of the skin on pressure. Further, pains of this type do not radiate over the entire head, but are noticed as being confined in some cases to the

left temple, the left eyebrow, the left side of the head, and in others to corresponding parts on the right. Again, they have been observed to occur first on the one and then on the other side in the same person.

This is a type of headache you will occasionally meet with in cases of neurasthenia depending on masturbation, sexual excess, undue mental strain.

In the paper by Dr. Clifton to which I referred just now, he gives the following case which illustrates this kind of condition: "A clerk, about 50 years of age, who had worked hard at his employment, suffered from headache, with fulness in the temples, dizziness, a feeling as if not quite sure of his footing, frequent diplopia, epistaxis, trembling and coldness of the hands (he had not been an immoderate drinker), a weak, tremulous pulse, weary and drowsy by day, sleepless at night. Several medicines had been fruitlessly prescribed when *Agaricus*, given in the third and sixth dilutions, cured him."

The pains I have pointed out as indicating *Agaricus* in headache are, as I have stated, of a neuralgic type. Similar pains mark its action in the face and take the course of the fifth nerve. They are described as resembling fine splinters driven into the muscles, the cheeks at the same time are hot and burning. The late Dr. Huber, in his experiments, records having had such symptoms as the following: "A fine penetrating and very painful pricking in the middle of the right cheek, as though splinters were being pierced through the skin into the muscles. Violent pricking in the right cheek, where the infraorbital nerve forms a plexus, as though splinters were being forced into it. Frequent, violent pricking, as of splinters forced into the left cheek, the right upper lip, and the point of the chin. A sudden flush-like pricking was felt in the right cheek near the exit of the infraorbital nerve, close to the edge of the orbit as if from very fine and narrow splinters."

Such symptoms as these were frequently noted during the proving. They occurred on both sides of the face but more frequently so on the right than the left. In them, we have well defined indications for the selection of *Agaricus* as a remedy in some cases of neuralgia of the face. But remember it is so only in certain cases, in cases where the character of the pain is pricking and sticking into the muscles through which the nerve courses,—not where it is darting along the line of the nerve, as is commonly the case in facial neuralgia. At the same time the face is burning and often puffy.

Before entering into detail on the symptoms arising from

Agaricus poisoning which suggest it as a remedy in some cases of chorea, I propose to consider its action on the structures of the eyeball and its surroundings; albeit this, I have no doubt is choreic in its nature. We find, as results of experiments with it, such symptoms as the following: "pressure with a desire to close the eyes;" "a burning feeling in the eyeballs and lids;" "needle-like prickings at the exit of the infra-orbital nerve and in the supra-orbital nerve." Here we have indications which will meet some cases of neuralgia of the orbital branches of the fifth pair. Further twitchings are well marked in the muscles of the lids and also in the eyeballs.

As illustrating clinically the curative power of this drug in obscure disease manifesting itself prominently in the eye, when selected on a purely homœopathic basis, I will quote to you, from the twenty-fifth volume of the *British Journal of Homœopathy*, a case reported by the late Dr. Watzke of Vienna. It not only, moreover, forms an example of the clinical sphere of *Agaricus* but it will serve to enforce, what is of still greater, because more far reaching, importance, the necessity, when prescribing, of being guided in your choice of a medicine by the actual phenomena presented by the case before you, rather than by any pathological interpretation you may be disposed to place upon them.

The patient was a little girl, two and a half years old, the daughter of a court bookkeeper in Vienna. She was born with a remarkable formation of the head. The right half was much higher and broader than the left, and the whole head stood obliquely and distorted. Besides this, the expression of her face had a touch of idiocy; the child generally had a senseless stare right before her, and sometimes squinted. She was morose, self-willed, stubborn, slow in learning to walk and talk; on trying to walk, she stumbled irregularly often. Further, she was frequently unwell; suffering occasionally from aphthæ, loss of appetite, diarrhœa, convulsions, fever, a hot head, lying in a lethargic state, with distortion of the eyes, and crying out in her sleep.

In the spring of 1863, a very peculiar pathological phenomena set in. As soon as she opened her eyes in the morning, the two eyeballs, whether looking at any object or not, began to turn right and left at intervals of half a second; this went on, with little interruption all day long. During sleep, no movement of the eyes was perceived. If she grasped at any object held before her, her hand did not generally come

near it. In other respects, the little thing was at the time comparatively well; appetite, sleep, and stool were normal. "At first," writes Dr. Watzke, "a procedure was instituted not essentially different from the pseudo-rational system of the opposite school. First came *Belladonna* on the hypothesis that the brain was the seat and starting point of the malady. Next came *Cina*, under the idea that the disease might proceed from worms, especially as ascarides had now and then shown themselves in the stools. *Stramonium* and *Hyoscyamus*, as being akin to *Belladonna*, did no more good. The affection of the eyes, at the end of five or six weeks, remained unaltered."

Professor Arlt, an oculist who now saw the child was unable to throw any light on the diagnosis or prognosis or to suggest any treatment. "I now," continues Dr. Watzke, "did what I had better have done at first, I consulted our Materia Medica more carefully.

"From a few drops of *Agaricus muscarius* tincture, well mixed with finely powdered sugar, administering a knife-pointful two or three times a day, a visible improvement took place, even in one day; and in the course of a week or ten days she was completely cured. Since then, *i.e.*, for two years and a half or thereabouts; no sign of relapse has shown itself."

Dr. Watzke adds, what is a particularly interesting feature of this case, one which shows how, by paying due regard to apparently superficial phenomena, the deeply-seated cause of disease may be removed, that after the disappearance of the muscular spasm, the physiognomy changed completely; the idiotic expression went entirely, and even the two halves of her head became almost exactly alike. "The little thing," he says, "now shows great intelligence, is affectionate, and generally good-tempered, and speaks two languages fluently." In short, the irritation in the nerve centres, which had led to these morbid phenomena, was allayed, and healthy nutrition was rendered possible through the action of the *Agaricus*. This medicine was selected, be it remembered, simply because what in healthy persons produced subjective symptoms similar to those which were present in the patient. Pathology had neither part nor lot in the matter.

The neurasthenia set up by *Agaricus* is further exemplified in a partial diplopia and, again in a defect of vision. The former is characterized by a narrowing of the interval between the lids; the eyes are only half opened, and great difficulty is experienced in opening them at all completely. Irritation of

the lachrymal and mibomian glands is shown in increased flow of tears from the former, and a viscid yellow discharge from the latter, agglutinating the eyelids.

The symptoms indicating defective vision as arising from *Agaricus* are such as the following: "The sight is weak; objects at a distance are no longer clear; everything appears obscured; he reads with difficulty because the type seems to move." At the same time pressure and burning are felt in the eyeball. These symptoms all point to a condition of asthenopia, an asthenopia dependent upon that state of nerve weakness—nerve asthenia—to which I referred the neuralgia it occasions.

This nervous disorder is further illustrated by the tinnitus aurium—the ringing, roaring, and humming in the ears noted by several provers.

I now come to describe the symptoms produced by *Agaricus*, which resembles some cases of chorea. We shall find, as we proceed, that they are very like such cases as may be fairly traced to loss of nerve-power, just as are the neuralgia, diplopia, and asthenopia, of which I have spoken.

Muscular twitchings in the face are frequent, and have been observed in cases of poisoning as well as in provings with this drug. At the same time, symptoms such as the following have been noted in the extremities: Small jerks in the muscles around the left shoulder joint, and between the scapulæ; rhythmical jumping of the muscles at the left scapula and left deltoid; convulsive shock of the left arm as if from an electric shock, having its origin in the neighboring joints; twitching of the muscles of the left upper arm; painful jerks resembling electric shocks in the right elbow and wrist; twitches in the upper surface of the right forearm; tremor of the hands; twitching of the tendons of the right index finger, and jumping in the muscles of the posterior margin of the right hand.

In the lower extremities, we find such symptoms as frequent twitchings and jumps in the glutei; twitches in the internal side of the right knee; jumping of the muscles of the right leg and foot with jerk-like shocks in them; frequent jumpings of the tendons of the right leg; twitches in the ball of the great toe; frequent jumpings of muscles in different parts of the body; at 3 o'clock in the morning, great restlessness in every voluntary muscle, upon which quivering of the whole body set in; and finally action of the muscles resembling those characterizing St. Vitus's Dance occurred, and were uncontrollable by the strongest effort of the will. These and

many similar symptoms which you will find detailed in the provings and records of poisoning, closely resemble those present in many cases of chorea. Dr. Clifton, of Northampton (*Homœopathic Review*, vol. v., p. 525), gives the following case as illustrating a class of choreic cases in which he has found *Agaricus* useful:

"February 14th, 1859, Miss B., aged 16. She had generally had good health until six months previously, when she was first noticed to have a spasmodic twitching of the upper lip, and winking of the right eyelid; then followed twitching of the fingers of the right hand, and subsequently a constant movement of the right arm and hand, and turning of it inwards. The last symptom had come to be so severe as to be a source of discomfort to both patient and friends, as she could not feed herself. The twitchings and spasms *all ceased during sleep;* there was a little spinal tenderness in the lower cervical vertebræ; the catamenia had not appeared; there were no symptoms of worms.

"I prescribed *Agaricus muscarius*, 6th centesimal dilution, twice a day. Finding no improvement, I ordered the same medicine in the 2d centesimal dilution, and continued it for a month. She quite recovered, and has remained well up to now, September, 1861."

Dr. Clifton adds that he has found *Agaricus* very useful in spasmodic affections *ceasing during sleep*, and that he has seen most benefit from it, when given in the 2d centesimal dilution.

The neurasthenic condition induced by *Agaricus* is seen in yet another direction, viz., in its action on the spinal cord, where it gives rise to that state which, for lack of more exact pathological knowledge, is termed spinal irritation. This action is shadowed forth by such symptoms as the following: "The spinal column was sensitive to pressure; there was peculiar painfulness along the spinal column when stooping; violent burning, shooting pains deep in the spine; when stooping, there is pain in the spinal column as though it were too weak to support the weight of the body; sensation as if ants were creeping along the spine; spinal column sensitive to the touch; every increased motion causes violent pain in several places in the spinal column; the spinal column is so sensitive that even leaning back against the chair causes pain; peculiar sensitiveness of the spinal column when washing with a sponge; pain in the spine, especially at a spot about the size of the palm, in the middle of the spinal column; is very sensitive to touch,

as well as at every motion of the body; biting, burning sensation in a spot as large as a five-cent piece in the spinal column." Further, there are records of trembling and weakness in the glutei muscles, and in the lower extremities with some degree of insensibility.

Looked at individually, and apart from the general character of the influence produced by *Agaricus* on the body, such symptoms as these might be regarded as indicating some more or less profound disease of the cord, such as would tend to locomotor ataxy or paraplegia. But when we regard them as part and parcel of the general effects of the drug, or indeed when we study them with something more than a superficial degree of minuteness, we shall, I think, see in them a simple reflection of those symptoms of spinal irritation which are so frequently the result of more or less exhaustion of nervous strength. It is in cases of spinal irritation, then, that you will find *Agaricus* useful—not in those where structural changes, which culminate in sclerosis of the posterior columns, and give rise to the condition known as locomotor ataxy, are in progress.

The irritability of the spinal cord is shown not only in the extremities, as I have pointed out, but also in the chest-walls, when pains of a stitching or pricking character extend from the dorsal vertebræ along the intercostal spaces.

Such, is a brief account of the action of this drug on the nervous system. On the digestive organs, secretive and excretive, its action you will find to be precisely what you should expect it to be when nerve-power and, consequently, nerve control, is first extended, then decreased, and ultimately diminished.

On the Schneiderian membrane a considerable amount of irritation is produced by it, as is evidenced chiefly in dryness followed by sneezing, which, in one instance, was so considerable as to lead to epistaxis.

Pain, of a drawing and lancinating character, aggravated by cold air or by drinking cold water, are noticed as having occurred along the gums, which have been observed to be swollen. The mucous membrane of the buccal cavity is described as being irritated and sore, and the tongue as being sore and burning as if it were in contact with pepper. It is coated white, is shiny, and gives a bitter-sweet taste to the mouth. A similar kind of irritation pervades the entire gastro-intestinal tract. The throat and pharynx are dry and hot. There is a sensation of burning, combined with coldness, as

when eating cress or radishes. The appetite, at first excessive, becomes, as the drug influence increases, greatly diminished. As the desire for food goes, the thirst increases. Then follow flatulence, eructations like rotten eggs, and hiccough; nausea is constant, and though there is no actual vomiting beyond the expulsion of a little mucus and bitter watery fluid, there is a more or less constant inclination to vomit. Fullness, with burning and a feeling of oppression and cramp pervade the stomach. These symptoms are frequently remarked during the course of experiments made with *Agaricus*. They are those of some forms of dyspepsia, where there is a great degree of gastric irritability and loss of power of digestion. The food lies long in an irritable stomach.

Dr. Drysdale gives an interesting clinical illustration of a dyspepsia cured by *Agaricus* in the following case reported in the *British Journal of Homœopathy*, vol xxi., p. 514: "A lady, who had been under homœopathic treatment in a neighboring town for some time, for various gastric and bilious symptoms, was, in most respects, so much better, that her health had become quite tolerable; but, there remained the following symptoms, which had resisted all medicines for two or three months, and she had given up treatment in despair: "Daily about three hours after a meal, she has a burning at the stomach, which changes into a dull pressure like a foreign body, with nausea." By means of the Cypher Repertory Dr. Drysdale found this symptom as one attributed to the action of *Agaricus* in Dr. Roth's article on the proving of this drug (*Brit. Jour. Hom.*, vol. xviii., p. 271). "As the correspondence," he continues, "was so remarkable between the morbid symptom and that of a well-proved medicine, I anticipated benefit with confidence. One drop of the pure tincture of *Agaricus* was prescribed three times a day.

"In about a fortnight I heard from the patient, expressing great gratification at the relief from her distressing symptom, she having scarcely felt it since beginning the *Agaricus*."

In the provings of *Agaricus* we find frequent reference to pains in the hepatic region, such as "occasional shooting pains in the right hypochondrium;" "in the right hypochondrium a feeling of pressure, with occasional stitches, especially when bending the body backwards;" stitches in the region of the liver;" "transient and rather violent stitches in the morning in the right hypochondrium;" "sensation of pain and drawing in the right hypochondrium, as if the liver had been increased in weight and dragged at its ligaments." Somewhat

similar symptoms are noted as having manifested themselves in the splenic region.

When we compare these symptoms with the actual enlargement of the liver, found *post mortem*, in Picco's cases, referred to by Christison (*Treatise on Poisons*, 2d ed., p. 777), and the experiments of M. Prévost, of Geneva, who found muscarin to increase the secretion of bile, there can, I think, be little doubt but that *Agaricus* has an especial affinity for hepatic tissue. Dr. Dyce Brown regards the symptoms referred to this organ as being traceable rather to the diaphragm, and to be neurotic in their character; but, taking them in the connection I have pointed out, I think that we must look upon them as evidence of structural alteration taking place in the liver. It is a medicine which has been too frequently overlooked in considering remedies suitable to meet disturbances in that organ, and one which deserves our attention when endeavoring to relieve them.

Griping, colic-like, pinching, and cutting, and stitch-like pains have been repeatedly noticed in the lower abdomen. Flatulence is also considerable and painful. Dr. Hempel states that it is especially useful in the gastritis and enteritis of drunkards—in cases, that is, where the nervous system has been more or less constantly in a state of excitement, and when, consequently, the reserve of nerve power has been largely drawn upon.

The stools are more numerous and copious than usual; soft and pappy in consistence.

The urine is considerably increased in quantity. It is milky-looking after standing for a time, or deposits a white flaky sediment. In one observation a copious white deposit proved to be phosphate of magnesia. This character of urine is a further illustration of the neurotic action of the drug.

Nerve exhaustion is again seen in the sexual apathy, and exhausting seminal discharges, with weariness and lassitude which follow any unusual excitement.

Passing to the study of the action of *Agaricus* on the respiratory organs, we notice in the larynx a sense of constriction, of irritation, a constant desire to cough, which can generally be suppressed, but when this is not possible several violent shocks of cough succeed one another. Sudden violent attacks of convulsive coughing were frequently noticed by provers.

The cough excited by *Agaricus* is spasmodic; it is violent in the daytime, and when occurring during sleep wakes the prover, who has to sit up in bed to recover his breath. It

rarely causes vomiting, but is aggravated by the presence of food in the stomach. Further, it is a dry cough ; such scanty expectoration as it provokes is mucous or starchy.

The breathing is a good deal disturbed. Spasm of the bronchi is frequently noted ; respiration becomes labored, short, difficult, and wheezy. At the time, the chest feels tight and oppressed, and very frequently stitches were felt in the sides.

These symptoms will suggest at once cases of laryngeal, tracheal, and pulmonary disorders, that are neurotic in their origin, such as laryngismus stridulus, pertussis, and asthma. Dr. Burnett (*Brit. Jour. Hom.*, vol. xxxiii., p. 733) records a case of whooping cough in a girl of 12 years of age. "She coughed," writes Dr. Burnett, "a good deal at night in her sleep ; and although she coughed violently and disturbed her bedfellows, and continually aroused her nurse from her sleep, yet the little patient herself did not wake but slept on through the entire paroxysm." Dr. Burnett prescribed *Agaricus*^{3}, gtt. iv. "This," he says, "took an almost immediate effect, and entirely cured the nocturnal cough within a week."

Further, notice the state of the circulation under the influence of *Agaricus*. There is a good deal of palpitation, with precordial pressure ; the pulse at the same time is slow but small, weak, depressed, and intermittent. It is the pulse of neurasthensia, of that condition which, as we have seen, marks the entire pathogenesis of the drug.

Finally, that very common, painful, and often long persistent disorder, known as "chilblain," is one which resembles in its symptoms some of those produced by *Agaricus*, such as "burning and itching in both hands, as if they had been frozen ; they were as if affected by the cold of winter (on a cool summer day) ; the parts were hot and swollen and looked very red ; "itching, redness, and burning of the hands as occurs when the parts are frozen." In the treatment of this troublesome disease *Agaricus* has been a very useful medicine.

It would appear from the researches of Dr. Rudolph Boehm, that *Atropine* is the only sure antidote in cases of poisoning by *Agaricus*, or its alkaloid, *Muscarin*.

With regard to the dose, you will have seen from the various cases I have quoted as we have gone along, that success has attended the use of the pure tincture in one, two, and three drop doses in delirium, and that good results have been obtained in other cases from the 1st and 2d dilutions. Experience distinctly endorses both the value and the safety of such preparations.

PYÆMIA FOLLOWING THE INTERSTITIAL INJECTION OF ERGOT FOR THE CURE OF UTERINE FIBROMA.

BY W. E. GREEN M.D., LITTLE ROCK, ARKANSAS.

In reading an article in the October number of the *Eclectic Medical Journal* upon Myoma Uteri, by A. J. Howe, M.D., Professor of Surgery in the Eclectic Medical College, Cincinnati, Ohio, I was reminded of the unfavorable results obtained by myself in the treatment of a case by Dr. Howe's method. I had treated a large number of cases of enlarged glands, tumors, indurations, etc., by interstitial injections of iodine, ergotine, and other remedies, and was usually well pleased with the results, although it was generally a painful procedure.

The plan of treatment pursued was that described by Dr. Howe in a number of the journal which appeared a few years ago. In March, 1880, I was consulted by Mrs. W. on account of severe pelvic pains, and prolonged and profuse menstruation. Examination revealed a large intramural fibroid tumor, situated in posterior body of the uterus, filling up the entire pelvic cavity. The uterine canal was tortuous, and measured four and one-half inches in depth. The tumor was so impacted that it was wholly immobile.

I recommended treatment by interstitial injection; stating that the operation was comparatively free from danger, basing this opinion upon Dr. Howe's statement of his experience. The patient, who had long been a sufferer, readily gave her consent. In performing the operation I used the best quality of *Liq. Ergota purificatus*, and carefully adjusted the syringe so that it contained not a particle of air. The needle was forced into the most prominent portion of the tumor, which was dense and hard, and thirty drops of the fluid deposited as the instrument was withdrawn. But slight shock followed the operation.

Two weeks later, I visited the patient for the purpose of continuing the treatment, and, on examination, found that atrophic changes were actually going on, and the tumor was now slightly movable. I performed a second operation in the same manner as the first. The patient did well for two days, and although she remained in bed she was seized on the night of the second day with severe rigors accompanied by profound depression.

The attendants, momentarily expecting her death, failed to send for me until about 6 A.M., at which time I found her very much depressed, almost pulseless, very thirsty, restless, covered

with perspiration, tongue dry, and urine suppressed. I at once suspected a pelvic hematocele, but an examination failed to confirm this supposition. The uterus was quite sensitive to the touch, and there was slight tenderness of the adjacent pelvic tissue. I prescribed *Arsenicum* and *Terebinthinæ,* ordered hot mustard foot-bath, and general friction. She gradually rallied, and by the next day was considerably better. I diagnosed an intramural abscess and predicted pyæmia. On the following day she had a second rigor, followed, however, with much less depression than that of the preceding day.

My fears were not groundless, for within a week I had to manage a well-marked case of blood-poisoning. The uterine abscess broke within ten days, and discharged a large quantity of pyosanguineous matter. The rupture of the abscess did not stay the onslaught of the disease; for, notwithstanding the use of internal medicines, nutritious diet, and antiseptic vaginal injections, abscesses formed in the parotid glands, liver, and lungs, and my patient rapidly sank under the depressing effect of this most formidable malady, and died at the expiration of the fourth week. The family and friends attached no blame to me for the unfavorable results obtained, as I had offered what seemed to me the least dangerous plan of treatment.

In the adoption of a new plan of treatment, no case in detail should be omitted that might add to its success, and all failures as well as successes should be reported. I cannot regard the interstitial use of Ergot as entirely free from danger, as abscesses are liable to occur. I have known such results to follow its use in other parts of the body, and when the uterus or uterine organs are thus affected, blood-poisoning or other serious complications are likely to ensue, owing to the extensive venous and lymphatic supply of these organs.

Since the treatment of uterine fibroma by this method may be *less* dangerous than some of the more formidable operations for its relief, it would, if occasionally successful, be far preferable to them.

COCA AND COCAINE HYDROCHLORATE.

BY W. H. WINSLOW, M.D.

(Read before the Allegheny County Medical Society, February, 1885.)

THE latest fashion in medicine is the product of *Erythroxylon coca*, an indigenous shrub of South America. The plant is cultivated largely in Bolivia and Peru, being propagated from the seed in nurseries, on account of its leaves, which are

consumed in large quantities by the natives as a masticatory. The leaves are gathered, dried in the sun, and chewed with a little ashes or alkaline earth. They are oval, oblong, pointed, one inch wide by two inches long, and have a smooth border, a curved line on each side of the midrib from base to apex, and short delicate footstalks. They have an agreeable aromatic odor like tea, and a decoction is astringent and bitter. The leaves are known in commerce by the name coca, and travellers in the Andes have written from time to time of the extraordinary effect of it in staying hunger, banishing fatigue, and increasing nervous and muscular power. Travellers' stories, like the first reports of enthusiastic and excitable doctors about a new remedy, must be taken *cum grano salis*. It requires much time and observation to determine the true value of a new medicinal agent. I have seen the rise and fall of many drugs, and therefore smile at the furore created by the début of another and caution conservatism.

A medium dose of three or four drams of coca, taken dry or in decoction, produces mental exhilaration, excitation of the vascular and nervous systems, increased muscular tonus, and a sense of comfort and well being such as is experienced after indulgence in maté, tea, coffee, tobacco, or opium. In persons unused to coca, the first effects of its ingestion are often unpleasant, and an ounce dose will cause fever, hallucinations and even delirium. It is said to support the strength in the absence of food, but it does not take the place of nutriment. In fact, Moreno, in 1866, experimenting on animals, found that coca caused a more speedy death and a greater loss of weight than starvation alone.

Dr. Veradini used coca and ergot together in cases of obstinate paraplegia with good effect, away back in 1867, and, about the same time, Dr. Fuentes, of Bolivia, employed it as a substitute for sulphate of quinia in intermittent fevers.

The extract, fluid extract, tincture, wine and elixir of coca have been extensively employed, of late, as stimulants and tonics. Of these, the wine is by far the simplest and purest preparation, and its use in shock, nervous irritability, and neurasthenia is eminently scientific and proper. In dyspepsia, due to sedentary habits, and a drawing away of nerve power from the stomach by long-continued and intense thought, a teaspoonful of Caswell's wine of coca, after each "meal," will act like magic, and make another man out of a whining hypochondriac.

The action of coca is primarily upon the nervous system,

and, though not a food, who shall say, that in regulating perturbed functions and in supplying a temporary power, it is not better than food, especially as it is claimed that no reaction or depression follows its use.

Coca was analyzed roughly in 1858, and found to contain chlorophyll, tannin, resin, salts of lime, a bitter principle, extractive matter, an aromatic, and a substance analogous to thein. Dr. Albert Niemann succeeded in 1861 in isolating a peculiar alkaloid with a formula of $C_{32}H_{20}NO_3$, which he named cocaine. When this is treated with muriatic acid, the product is hydrochlorate of cocaine, the new remedy, about which so much is being said and written at the present time. It is in white granular masses, slightly crystalline, and much resembles sulphate of atropin in appearance. It is reported by one writer as innoxious, and by another as frightfully poisonous. It is a poison, but the quantity necessary to destroy human life, has not yet been determined. It behooves all to be conservative in its use until we know the safety line.

It is probable that the fluid preparations of coca will be employed for internal uses, and the new salt be applied for the purpose of producing anæsthesia. The remarkable anæsthetic property of cocaine hydrochlorate was discovered by Dr. von Anrep, of St. Petersburg, Russia, in 1879, but brought into general notice through the Ophthalmic Congress by Dr. F. Koller at Heidelberg, Germany, last September. Since then its use has been spreading through all departments of medicine, and the remedy has proved of great value in eye operations. Strabotomy, cataract extraction, and even enucleation of the eyeball have been made almost painless under its beneficent influence, and ether has been relegated to the closet for exceptional cases.

When a solution, say, 4 grs. of Cocaine hydrochlorate to 1 oz. of distilled water, is injected beneath the skin, it produces anæsthesia two or three inches around the place of puncture. When it is applied to tissues exposed in a wound, it obtrudes the sensibility considerably. When soaked into the eye by two or three drop doses upon the cornea, the eye becomes insensitive to contact, and may be handled and operated upon without causing pain.

I have been using a 4-gr. solution of this powerful agent for three months. In common earache from congestion of the tympanum, the remedy has had no appreciable effect in lessening pain. Several cases of furuncle of the external auditory canal were treated to soakings and then incised, and the sensi-

tiveness and suffering were not apparently different from those treated without Cocaine. Several aural polypi were soaked in the remedy, and removed by snare, forceps and cauterants, but, beyond a little very superficial anæsthesia, there was no mitigation of suffering. I cut the tensor tympani muscle through the membrana tympani in a case of distressing and obstinate tinnitus, after the membrane had been wet for some time with the solution, and believe the pain of the operation was lessened, though the tissues were sclerosed, and almost bloodless. Where the drumhead was perforated, and the tympanic, mucous membrane was highly congested and irritable, an instillation of the Cocaine-solution caused anæmia and anæsthesia, so that every particle of pus and débris was removed without the patient's complaining, as before the applications. The use of Cocaine in ear-practice has, therefore, a positive though limited value,

Upon the eye and its appendages the agent is more potent. The annoying symptoms of accommodative asthenopia have been temporarily relieved by one or two drops within the conjunctival sac. Removal of foreign bodies from the cornea and conjunctiva has been facilitated, and rendered painless by two or three drops upon the eye, and the distressing feelings after removal have been banished promptly by using them in the after treatment. Bowman's operation of slitting up the canaliculus for stillicidium lachrymarum, dacryo-cystitis, etc., was rendered almost painless during the passage of the knife, but the introduction of the probe evoked lively objections.

I attempted a strabotomy in a lad of twelve years, and, though I could pass my finger over the cornea, taking hold of the conjunctiva with the fixation forceps, could not be endured, and I was obliged to resort to general anæsthetization. Many oculists have reported cases of this operation under Cocaine, and averred that little or no pain was felt. I have often operated without using any benumbing agent, and had little complaint.

A delicate child, of 9 years, bore the double operation, and did not utter a sound until I was just finishing the second eye. I am inclined to think the personal magnetism of the operator may influence a patient sometimes, so that his natural sensibilities are in a measure obtunded. Perhaps this may account for the reports of some of our brilliant metropolitan operators.

Lastly, I used Cocaine in an operation for traumatic cataract. An old man received a heavy blow upon his left eye from a piece of coal; there was rupture of the lens capsule, extrusion of the lens matter in the pupil and anterior cham-

ber, and considerable blood behind the iris. I instilled a 4-gr. solution of the Cocaine three times in five minutes, then introduced a speculum, made a peripheral incision with a Graee's knife, pressed out the lens-matter, and removed some stray pieces with a Levis' loop, and closed the wound and eye without accident. The patient felt a little pain during the latter part of the operation from the pressure of the speculum upon the conjunctiva of the lids, but this did not interfere with the proceedings, and was of slight importance, as no pain was experienced during the work upon the eyeball. The man said he felt pressure and pulling of the eye during the cutting and manipulation. I am satisfied there was no pain in the globe.

Many cases of cataract have already been operated upon by Eastern and Western oculists under the anæsthesia of Cocaine. Pain has generally been complained of during the iridectomy, simply because the solution applied to the cornea does not reach the iris in sufficient quantity to benumb its nerves. When the Cocaine has been dropped into the anterior chamber through the wound, after the escape of the aqueous humor, iridectomies have been made without causing pain.

Enucleations have been made tediously and laboriously by using Cocaine locally instead of Ether generally. It was necessary to drop, cut, wipe, drop, cut, wipe, and so on continuously; the bleeding and progress into new tissue making it necessary to use much of the expensive alkaloid salt to keep down pain. I do not approve of it for such cases, and feel sure it will seldom be used.

The Cocaine-solution has been poured over bones, soaked into muscles, swabbed upon the uterus, and squirted up the rectum, for many kinds of operations with very little benefit. The enthusiasts must try it in every crook, cranny and alcove of the body before they will be satisfied to restrict its local use to mucous membranes of high sensibility, such as those of the eye, ear, nose and larynx, where the sensitive nerves lie very near the surface, and the solution of Cocaine can reach them by osneosis, and where it will have its most powerful and most beneficial influence.

NOTES OF SEVEN CASES OF HYSTEROID CONVULSIONS.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia Medical Club.)

Case I.—About four years ago Mrs. ——, æt. 19, primipara, was taken in labor one midnight. But little progress had been made when daylight came. I then left her, promising that I

would return in two hours. During my absence, she was unexpectedly taken with convulsions. Two allopathic medical students, who occupied the next room, were called to her assistance. They forthwith proceeded to perform venesection, by which operation about sixteen ounces of blood were abstracted. This heroic procedure failed to benefit the patient. On my return, I found her about to have a convulsion, in which she assumed a position of extreme opisthotonos, with the arms extended at right angles to the body, the hands tightly clenched, and the eyeballs oscillating from side to side with great rapidity. This stage of the convulsion lasted scarcely a minute. Suddenly she started up, assumed a kneeling posture, and jumped wildly about from one part of the bed to another, giving forth all the while piercing and heart-rending cries. In about five minutes she quieted down, and went to sleep, but only for a short time, when the convulsion was repeated. A physician, residing in the neighborhood, was called in consultation. Anæsthesia with chloroform and rapid delivery by the aid of the forceps was decided to be the best means of relieving our patient. A vaginal examination revealed but incomplete dilatation of the os uteri, but still sufficient to enable us with great care to introduce the forceps. Traction was then made during the pains, assisted by strong pressure on the uterus from above. At the end of half an hour delivery was accomplished, but not until the perineum had been lacerated up to but not including the sphincter ani. The child was dead. After delivery, the patient had but one convulsion, which was promptly suppressed by chloroform inhalations. Owing to her prostration and anæmia, no attempt was made to repair the lacerated perineum. Consciousness was not regained until forty-eight hours after the birth of the child. Retention of urine necessitated frequent use of the catheter. An examination of that fluid showed it to be normal, both in quantity and in composition. On account of the many and varied accompanying complications, the lying-in period was no less noteworthy than the labor had been. During the two weeks of my attendance on the case, and for one week after my dismissal, retention of urine continued, notwithstanding there were no concomitant symptoms beyond those of her highly hysterical state, to explain the phenomenon. Several times she was seized with fainting spells, in which she became apparently lifeless. Severe abdominal pain with marked sensitiveness of the surface to touch was present one day, and intense backache the next. Itching of the entire surface of the

body, severe mammary and vaginal pains were each complained of in turn. All these were doubtless intensified by the extreme anæmia which venesection had induced. Finally, I was dismissed, and an allopath was called in. The patient did not recover sufficiently to enable her to leave her room until three months later. For nearly twelve months after her confinement, she had occasional returns of the convulsions. Then she again became pregnant, since when her health has been comparatively good.

At the time that I attended the above case, I fully believed that the patient was suffering from puerperal eclampsia. Increased experience and study have led me to so change my opinion, that I here report it as one of hysteroid convulsions complicating labor. The abnormal movements during the convulsive attacks were not the ordinary tonic and clonic spasms so characteristic of eclampsia, but instead were of the co-ordinated nature, which make up the hysteroid seizure. Confirming my last diagnosis, are the absence of albuminuria, the succession of hysterical symptoms during lying-in, and the recurrence of convulsive attacks for nearly one year after her confinement. None of these, however, were available symptoms at the time that a correct diagnosis was such an important factor in the treatment of the case.

Shall I speak of my treatment of the case? So far as the homœopathic remedies employed are concerned, silence were better preserved. So frequent and so many were the changes of symptoms, that I deserted one remedy for another with far greater frequency than the laws governing our practice could sanction. The anæmia was combated by the administration at short intervals of defibrinated blood and milk, and admirably did these agents act. At the time when I ceased my attendance the patient had a good color, the pulse and temperature were normal, and the appetite and sleep were fair. The only remaining symptoms were retention of urine and certain pains here and there over the abdomen and back, to which I could ascribe no other than an hysterical origin.

Case II.—Mrs. ——, æt. 20 years; had been married for four years, but had never been pregnant, although no means for the prevention of conception had been employed either by herself or her husband. She began to menstruate when twelve and a half years of age. The menstrual periods have recurred regularly since that time, but have always been attended with pain. The flow has always been pale in color and scanty. She occasionally suffers from backache and dragging sensa-

tions in the hypogastrium. She also has some symptoms indicative of gastric disorder. About three months prior to coming under my treatment, she was nursing a sick child, to whom she was devotedly attached. The child finally was seized with convulsions, and died. This so affected Mrs. —— that she immediately fell unconscious to the floor. Violent convulsive movements appeared, so violent, indeed, the patient said, that several persons were required to restrain her. She pulled at her hair, and tore her clothing. How long the first convulsion lasted, my notes do not say. From this time, however, when the menstrual period arrived, the convulsions reappeared, generally coming on at about the time that the pain was first manifested. Frequently she would have eight or nine attacks, one after the other. Actea racemosa, Ignatia, and Nux vomica were each given in turn, but failed to be productive of any but temporary benefit. Finally Viburnum opulus ♀ was prescribed in the hope, at least, of relieving the dysmenorrhœa. In this it was successful. The next menstrual period returned with but little pain, and the convulsions were absent. Improvement continued, and one month later she abandoned treatment. Whether or not she has suffered a relapse is not to be said. It is fair to believe, after experiencing such marked relief from treatment, that she would have again consulted me had either convulsions or dysmenorrhœa reasserted themselves.

Remarks.—The first convulsion was undoubtedly of an hysteroid character, and had for its exciting cause the emotional influences attendant on witnessing the child's death. The sympathy and apprehension, which her trouble excited among her relatives and friends, were doubtless noted by the patient, and only served to aggravate her disease. The convulsive tendency being now established, new attacks were ready to appear on the manifestation of any slight exciting cause. The dysmenorrhœa, which had heretofore been inoperative in this respect, now became an active agent in the etiology of her hysteroid seizures. The cure of the dysmenorrhœa improved the general health, thus increasing the resistance of the body to such an extent that it responded less readily to exciting influences, and at the same time removing a symptom which was evidently an exciting cause of her convulsions.

Case III.—Mrs. ——, æt. 20 years; has for four years been subject to recurrent convulsions, the cause of which she believed to be grief and worry. During these attacks she becomes unconscious; the hands clench; she may cry out, or

talk at random; she sometimes bites her lips, but never her tongue. Frequently she strikes at those around her. About one year ago she married, since which time her health has improved somewhat. She has a number of symptoms indicative of uterine disease. She belongs to a highly neurotic family, the patients here reported as Cases IV. and V., being her younger sisters. Ignatia 1^{x} was prescribed. Improvement followed. The last time that I heard from her, I learned that she had gone nearly a year with but one convulsion. Her uterine symptoms were unimproved.

Case IV.—Mary ——, æt. 10 years, is a sister of Case III. For one month prior to consulting me, she had been having convulsions. These were particularly frequent during the last half of that period. During these attacks she jumps about wildly. After one of them, both lower extremities were paralyzed for three days. In another, brought on by being scolded, she fell to the floor apparently unconscious, with closed eyes and blinking of the lids. At times her movements have been so violent as to require three adults to hold her. Ignatia 1^{x} was prescribed. The mother was directed, in the patient's presence, to throw a bucketful of water over her in case of a recurrence of the attacks. Occasion for using the remedy never arose.

Case V.—Emma ——, æt. 6 years, the youngest sister of Case III., was affected exactly like Case IV. The means adopted for the cure of Case IV. were brought into requisition, and with an equally successful result.

Remarks.—There is a strong temptation for one to believe that the patients, here reported as Cases IV. and V., were practicing deception, or at least unconsciously imitating the symptoms of Case III. The oldest sister, however, had not since her marriage resided with her parents. Moreover, the symptoms of her sister Mary were not counterparts of her own, for the latter had, after one of the attacks, a paraplegia, which lasted three days. Further, Mrs. —— frequently bit her lips, and talked at random during the convulsion. This never occurred with Mary. Deception, I think, can then be eliminated from the etiology of Case IV. The symptoms, in both instances, were such as are found in a large number of cases of hysteroid convulsions. Malingering or unconscious imitation may have been a factor in the causation of the symptoms in the patient last mentioned, yet I doubt if such was the case. I will have more remarks to make concerning these cases at the close of my paper.

Case VI.—Sadie H——, æt. 12 years, was to all external appearances a very healthy child. About eighteen months before coming under observation she had had a convulsion, in which, according to her mother, "she worked." Since then she has had two similar attacks. She is now seized with what her mother denominates weak spells. These begin with pains in the region of the heart; then she falls to the floor unconscious, and the hands jerk, and the eyelids twitch slightly. Her mother then rushes to her, and throws water over her, and she immediately regains consciousness. What would be the natural course of these attacks if not thus modified by hydropathic treatment, is not known, as all spells so far have received the same management. There is no evidence to show that she had any attacks when alone. She always has a warning about five minutes before the time, and this gives her an opportunity of seeking aid. Her mother has noticed that, on several occasions, the pillow, on which she rests at night, is stained with a reddish water. The case was diagnosed as one of epilepsy. Ignatia 1^{x} was prescribed. The seizures, however, came at shorter and shorter intervals, until finally she had from fifteen to twenty of them in the course of a week. Continued observation led me to change my diagnosis from epilepsy to hysteria. In the presence of the child I explained to the mother the necessity of placing her daughter in the Children's Homœopathic Hospital for treatment, adding, at the same time, that, while there, she would not be permitted to receive visitors. The mother expressed her willingness to do anything that could possibly benefit her child, but desired time to make the necessary preparations. In the meantime, the "fits" disappeared, and have not since recurred, so that the patient never had occasion to undergo hospital treatment.

Remarks.—The character of the seizures in the above case was such that they might have been due to either epilepsy or hysteria. The cessation of the fits on the application of an artificial stimulus, such as the throwing of cold water over the patient, certainly indicated that they were of an hysteroid nature, as did also the location of the aura. Warnings of seizures, manifested in the cardiac region, have, in my experience, been far less indicative of epilepsy than hysteria. But then I argued, even if the seizures had been those of "la petit mal," they would probably have taken no different course, for by the time that the mother had secured the water and thrown it over her daughter, the latter would naturally be ready to regain consciousness. I placed but little dependence on the

assertion that no attacks occurred when the patient was alone, as negative assertions are frequently unreliable. Reviewing the patient's history, I noted the occurrence of three convulsions in which she was reported to have "worked." These I believed to have been certainly epileptic. The mother told of the child's pillow being occasionally stained with a reddish water. Still another point in favor of epilepsy, I thought, for was it not probable that the child had had a convulsion during the night and bitten her tongue in the same? Personal observation soon led me to doubt the epileptic nature of Sadie's disease. True enough, when proper moral treatment was instituted, a prompt cure followed.

Case VII.—Ida ——, æt. 18 years, came to the gynæcological department of the Hahnemann Medical College Dispensary for the treatment of a supposed abdominal tumor. There she was seen by Dr. I. G. Smedley, who, after examining her carefully, decided that she had no tumor, and accordingly transferred her to the department for nervous diseases. She gave the following history: When a child she had chorea. In August, 1881, she began to take strange spells, in which she became unconscious, at first accompanied with convulsions, but afterwards not. In these attacks she would lie three-quarters of an hour. In some of them the body was thrown into extreme opisthotonos, the arms being held rigid and straight by the side and the hands completely supinated. After the attacks, she raved and said foolish things, had severe headaches, numbness and tingling in the right side, and loss of power in the right arm and leg. She usually had her attacks at such times and places as would give rise to the greatest sensation, as at the table or before strangers, but never when alone. On one occasion, she fell while carrying a coal-oil lamp; on another, when descending a flight of stairs. She sustained no personal injuries either time. After one fit, she had complete right-sided hemiplegia. Often it happened that during and just after the convulsion she eructated enormous quantities of wind. Her abdomen was greatly distended, indeed to such an extent as to have led the physician of her town to suspect the existence of an ovarian tumor. Those among her neighbors inclined to gossip believed her to be pregnant, a suspicion made apparently just by the facts that the breasts were very large and that for five months she did not menstruate. The enlargement of the breasts was certainly of a remarkable character. Generally both glands were enlarged. Frequently, however, the swelling would disappear

entirely from one breast, remaining in the other. The swollen mamma of one day might be the natural one of another. Her menses, at the time of examination (spring of 1882), were regular. For one week, she had cold night-sweats, localized over the abdomen. Many and strange were the changes made by her disease. After one convulsion both legs were paralyzed. When the paralysis disappeared, the right leg became rigid and the left dead to all sensation. In several of her convulsions she tore the hair from her head, destroyed her clothes, and kicked at those about her. Next, she assumed the role of insanity. For three or four hours each day she was out of her mind. About this time the convulsions diminished in number and severity. During the Christmas holidays she went on a visit to an aunt residing in this city. There she fell in love with a young man in her uncle's employ, and for a week all morbid nervous manifestations ceased. The lull was but temporary, for soon the convulsions broke out once more with increased fury. The right arm was now most of the time in a paretic condition. To remedy this, faradism was employed. When, however, with either slowly or rapidly interrupted current, either electrode was made to stroke the extensor aspect of the forearm, all the extensor and supinator muscles became extremely rigid, so much so, in fact, that all the power I could exert was insufficient to restore the limb to its normal position. This tonic spasm of the supinators and extensors (for such it was) was, to all outward appearances, painful to the patient. How long it would have lasted, if unrelieved, I do not know. Now, if either electrode was made to stroke the antagonistic muscles, *i.e.*, the flexors and pronators, the forearm and hand would resume their natural condition. All medicinal treatment failing (she received Ign., Zinc. val., Puls., Act. rac., etc.), it was decided to place her in the Homœopathic Hospital and seclude her from all relatives and friends. While there she had no convulsions. She was kept in bed for six weeks and then allowed to rise and go about the wards. During her stay, the abdominal distension was the principal source of annoyance. Before leaving the institution, she had so far improved as to be able to assist in dressing wounds, etc., without manifesting any nervousness. On her return home she became as bad, if not worse, than before. Finally, her grandfather became less indulgent and sent her to work in a mill. She then remained well for a long time. I heard from her again not long since. She is now married, and has partially relapsed into her old condition. I prefer to present this case without comment.

Remarks on the Subject of Hysteria.—Reviewing the histories of the seven cases of hysteroid convulsion, we note that in three of them the patients were children, all of whom were less than twelve years of age. The remaining four were young adult females, three married and one single. In all the adults the hysteria was associated with uterine disease, or at least with symptoms indicative of perverted action of the genital organs. In making this statement, I do not wish to be understood as indorsing the generally accepted theory that hysteria is but a series of symptoms reflex from uterine disease. On the contrary, I believe this to be the case in a minority of instances only. Study the cases whose histories I have here related. Is it possible that in Cases IV., V., and VI., in which the patients were all children, not yet having reached the age of puberty, the nervous phenomena were reflex from an unrecognized and unrecognizable uterine disorder? Were such the case, how could it have been possible for any moral treatment to have effected a cure in such a short space of time as was done in these cases? In Case III., the patient suffered from well-marked symptoms of uterine disease, and yet their etiological relation to the hysteroid seizure was plainly disproven by the treatment employed. Internal medication alone removed nearly all the morbid nervous phenomena without benefiting the uterine disorder in the least. Certainly, in this case, the disease was dependent on an inherited neurotic constitution, as was evidenced by the presence of hysteroid seizures in her younger sisters and neuralgia in her mother, mention of which last-named fact was neglected in giving the patient's history in detail. In Case II., the connection between the dysmenorrhœa and the convulsions was plainly to be seen. Yet even here I doubt if we can assert *positively* that the nervous symptoms were reflex from uterine disease *per se*, for I believe that it was a possibility that had the patient suffered from any neuralgic affection in other portions of the body, the pain experienced would have been sufficient to provoke a convulsive seizure. She certainly had the convulsions only at the times when the pain was most severe. Her neurotic constitution was clearly shown by the manner in which her first seizure manifested itself.

In most cases of hysteria, the possibility of the attendant uterine disease being but a result of the general constitutional condition must always be entertained. I have under my care at present a young lady who suffers from dysmenorrhœa when at home, and yet when she is at a summer resort, or making

a visit to her friends, she is in perfect health. She had other symptoms of hysteria also. The backache, the bearing-down sensations, and the menstrual derangements, from which shop-girls suffer so frequently, are not manifestations of a strictly local disorder, but rather are part of a condition brought on by long working hours and close confinement.

If the nervous symptoms were really reflex from the uterine disorder, then the cure of the latter should result in their disappearance. In point of fact, this is not by any means always the case. How often are ruptured perinea restored, lacerated cervices sewn up, prolapsed uteri supported by pessaries, polypi removed, and diseases of the endometrium cured without benefiting the patient's nervous system in the least! On the other hand, how often do we by internal medication, in conjunction with proper hygienic measures, improve our patient's general health, although all the pathological conditions of the female sexual organs above mentioned be present and remain unaltered! In many instances, attention to the local condition, as well as to the constitutional, will be necessary before a cure can be effected.

It may be asked how the amenorrhœa, lasting for five months in Case VII., can be accounted for as a purely hysterical symptom. This question I will answer Yankee fashion by asking another, namely: If hysterical hemianæsthesia can produce such a profound anæmia of the affected parts that needle wounds fail to produce bleeding (as has been proved by Charcot), why cannot the usual menstrual flow fail to appear as a result of perverted innervation?

Even in those cases in which the uterine disease does bear an undoubted etiological relation to the hysteria, there must be a neurotic constitution present to render the local disease an active factor. Were this not so, all women the subjects of uterine complaints would have nervous disease. In this connection, as in many others, do we find applicable the remarks so ably expressed by Sir Andrew Clark,* in his address on albuminuria before the section of medicine at the fifty-second annual meeting of the British Medical Association, remarks which, though they were reprinted in the HAHNEMANNIAN MONTHLY but two months ago, may here be repeated with benefit to all: "There occur states mechanical, physical, chemical, and in a provisional sense vital, which are neither tangible nor visible, which not only cannot be estimated, but

* Br. Med. Journ., Aug. 16th, 1884.

are even by the most delicate instruments of research incapable of recognition,—states which may often come and go disordering function and disturbing health, and yet leave no abiding marks of their presence and actions. . . . . We are so much concerned with anatomical changes; we have given so much time to their evolutions, differentiations, and relations; we are so much dominated by the idea that in dealing with them we are dealing with disease in itself, that we have overlooked the fundamental truth, that these anatomical changes are but secondary, and sometimes the least important, expressions or manifestations of states which underlie them. It is to these dynamic states that our thoughts and inquiries should be turned; they precede, underlie, and originate structural changes; they determine their character, course, and issues; in them is the secret of disease, and, if our control of it is ever to become greater and better, it is upon them that our experiments must be made."

HERNIA—SIMILIA SIMILIBUS VERSUS THE TRUSS.

BY R. B. JOHNSTONE, M.D., PITTSFORD, N. Y.

That the homœopathic medication of hernia of recent origin is followed by a complete cure has long since been demonstrated. But old and inveterate cases are too often left to shift for themselves. The only advice the poor victim receives from his medical adviser is to get a truss; too often this is followed; an incompetent five-dollar-a-week drug clerk does the fitting, usually applying a poorly-made, ill-fitting apparatus, more calculated to enlarge the hernial canal than to close it, entailing untold suffering upon the wearer, and, perhaps, endangering his life. In cases where the gut protrudes, a properly-adjusted and easy-fitting truss is a necessity. But the physician should see to it that it is of proper shape, produces the proper pressure, and is not liable to move about, and that the gut is well within the abdominal cavity before it is applied.

When the hernia is small, and not within the canal, the individual not engaged in heavy work, lifting, running, or liable to cough, or whose occupation does not require long and continued walks, or whose business is such as not to make a descent of the hernial sac probable, the constant wearing of a truss may be dispensed with, although a well-fitting instru-

ment should be at hand, if the nature of affairs at any time seems to make its use advisable.

Homœopathic medicines will often cure these cases if given in accord with the symptoms of the individual.

It has been my pleasure and duty to prescribe for several cases of this kind, and when I have had complete control of the case, I have seen the most happy results follow the administration of the remedy homœopathic to the case. To illustrate I will mention two out of several cases that have been brought to my notice.

An old lady, aged 82, who had for twenty years been compelled to wear a truss, sent for me to treat her in pneumonia. My predecessor was a mongrel. I found her suffering most acute pain, and sitting propped up, bent forward, with a hard pillow between abdomen and thighs.

The cough was slight, and even this she endeavored to suppress because it caused such excruciating pain in the hernia. It nearly took her life, as she expressed it. The sensation was as though sharp blades of steel were being thrust into the groin.

Upon examination I found that the parts were not swollen, neither were they very tender to touch. The canal was large and open; the gut protruded with every cough, and receded into the abdominal cavity after it. At no time, in the past ten years, had the hernia been free from pain—of such severe pain as to keep her awake half the night.

Upon investigating the condition of the lungs I found the upper portion of the right lung involved, and the whole of the left. Dyspnœa was severe at any time after sleeping, and was particularly marked in the afternoon. The bowels were constipated, the stools being voided with much difficulty, and with pain after each evacuation. The odor was intolerable. There were also pains, hot and burning, running up and down the legs, and likewise discoloration of the skin in long dark streaks, worse on the left side and at night. Cannot bear the covers on the toes, the nails are so sore. I gave Lachesis 200, in water, a dose every three hours, and Sac. lac. every twenty minutes.

The remedy was clearly indicated, and I need hardly add, that nearly all the symptoms abated with astonishing rapidity. Within two hour's time she was lying down and sleeping. She awoke refreshed, and took nourishment. She received no more medicine after the second dose, and continued to improve

until the third day, when a severe headache calling for Bryonia 2c ensued.

The patient lived four years, during which the hernia never troubled her, and her truss lay unused. She finally died from paralysis.

Mr. E. S. called upon me for a prescription for a lame back. He had had it before, and at first thought it might be due to some kidney trouble, for he had once suffered from nephritis, following a gonorrhœa that had been treated with injections. But finally he concluded it was caused by sitting driving on a seat without support.

I noticed that he stood with both hands in his pockets, and I inquired if such a position relieved him? He replied that he was ruptured on both sides, and that he was obliged to hold the tumors, they pained him so much. He had tried all kinds of trusses, but could not wear any of them. Face and hands were constantly bathed in sweat, compelling him to continually use his handkerchief. The covered parts of the body were dry even to harshness. Upon these indications, I prescribed Thuja 3d centesimal in water, a spoonful every four hours. On the second day he reported himself much better, so I gave him Sac. lac. Two weeks later he called to say his medicine was gone, and as he was not yet quite well, he desired more. I gave him Thuja 10m, two powders, followed by Sac. lac.

I saw nothing more of him for a month, when I met him in the street carrying two heavy baskets. His back was well. I called his attention to the risk he was running in carrying such heavy bundles. He informed me, to my surprise, that his herniæ were no longer painful, and that they did not come down as before. Three month's later the patient was still free from annoyance.

Other instances of relief of hernia have come under my notice; but these two cases are sufficient to show that it can be relieved, and probably cured, by the exhibition of the appropriate homœopathic remedies.

The object of this paper is to call attention to the fact, that hernia does present indications for remedies, and if they are properly interpreted and studied with reference to our Materia Medica, there will be less work for truss makers, and fewer cases of strangulation.

N.B.—I will be thankful to any physician who will send me notes or reports of cases of hernia cured or relieved by homœopathic medication.

ON THE MATERIALS OF PATHOGENESY.—THE AVERAGE MAN.

BY WALTER Y. COWL, M.D., NEW YORK CITY.

When we speak of the proper pursuit of pathogenesy, we suppose, in the first instance, a sufficiently large number of individuals to secure the obtainment of all common or undoubted symptoms; in other words, we require enough, first of all, to enable us to state what are the effects of the agent under experiment upon the average man, and secondly, what are its other true but less general effects.

There is no doubt but that a sufficient number of provings will show certain symptoms to be common to a large portion of the provers. Other symptoms will be less general and yet undeniably due to the agent; this will be true, whether they occur in but a small portion of the provers, or constantly recur in the same individual or a minimum of individuals.

Still other symptoms will be insufficiently confirmed to be more than held in abeyance.

The former two classes of symptoms expressed will obviously abound more where provers are trained to close observation, careful statement, uniform knowledge and avoidance of theory.

We expect from a drug, for instance, certain symptoms so common as to be said to be those of the average individual, prover or patient. We expect others undeniable, that are felt to be due to the action of the agent upon varying forms of constitution, and we finally possess many remaining, that we know not much of, cannot class, and which hang somewhat useless or disregarded upon our hands.

Not to enter the question at the present time as to how many of these latter might be classed with the former if they had but rightly been observed or expressed, it may be well, in the light of certain considerations not heretofore employed in the field of pathogenesy, to more attentively regard this division of the *materia medica*, as we name our pathogeneses, and to ascertain with more precision, if we can, the causes, the nature and the value of it.

Referring to the use, the largely unquestioned use, which has been made of the "conception," it may be said that it is certainly a natural thing to speak of the "average man." Meeting with a few extremes, with more of moderate peculiarity and with a host of individuals pretty much alike, we continually measure the effects of various things upon what we call the average man.

Our manners largely, our business methods, and in medicine,

it must be confessed, very greatly our therapeutics, are consciously or unconsciously adapted or shaped for the average individual. This is almost wholly true of the old school of medicine, and how much we will not say of the new. It is evident, moreover, that he who is himself adapted but to the average individual, is in all, it seems, except homœopathic therapeutics, the most generally successful.

Such then is the importance of the average man and the regard in which we hold him.

It will be admitted, nevertheless, that the meaning of our expression is not and, is not intended to be, precise. We lump the majority of men and call them average for purposes of convenience; above them we place the gifted and the unique; below them we put the deficient and the perverse.

This division we make not only with reference to physique and mentality in ordinary life, but also in medicine. Certain individuals are gifted with unusual health and vigor in certain respects; others are unique in their special perfection. Many are markedly deficient; some are obviously perverse of mind or body.

But barring these, we also, notwithstanding, admit that no two persons are alike, and that when we employ the expression "the average man," or found our action, for want of further knowledge, upon this conception, this supposed type, we at the same time confess its inexactness, and indeed upon reflection, we may be disposed to question what, beyond a vague idea that suffices for our guidance or our converse with our fellows, the average man might be.

To this with other connate problems, a Belgian savant, M. Adolphe Quetelet, devoted more than half a life of eighty years. In the last edition of his Essay on the Development of the Faculties of Man, entitled "Physique Sociale," * he very exhaustively considers the mean or truly average man, and details the various methods of arriving at a distinct and precise idea of what such a type at any time would be.

For our present purpose it will suffice to state that the determination of the "mean man" (*l'homme moyen*) rests upon the application of the laws of probability to the phenomena presented by large portions of mankind.

The various laws relating to probability are ascertained by mathematical calculations and confirmed by experiment.

The simple repeated drawing from an urn containing equal

* Paris, 1869, J. B. Bailliêu et Fils. 2 vols., 8vo. Brussels.

numbers, for instance, of black and white balls, of three or more balls at a time to note the hue and the respective numbers of the different possible combinations, will yield results tallying with those of calculation, in a manner more or less exact according to the whole number of balls and the relative size of the drawing. If the former number were infinite, and the latter finite, it becomes evident that the results would be precisely those of calculation.

When the number of balls is simply large and the size of the drawing relatively small the difference is much less than might be supposed, in fact, slight.

M. Quitelet constructed a table * of eighty numbers indicating the chances in drawing 999 balls from an urn containing an infinite number, black and white, of obtaining the different ratios between 499 white and 500 black and 420 white and 579 black.

The probabilities diminished (the sum of all the possibilities being 0.5) from 0.0254 for the nearly like numbers to 0.00000004. Further than this they were disregarded, as for the remaining 420 chances out of the 500 they amounted to but 0.00000076 altogether.

A similar descending series of possibilities of course exists for an increasing number of white balls and a decreasing number of black.

The rapid decrease of probability to mere possibility indicated above may be more fully yet briefly shown by every fifth figure in the scale of M. Quetelet.†

Scale of Possibility.

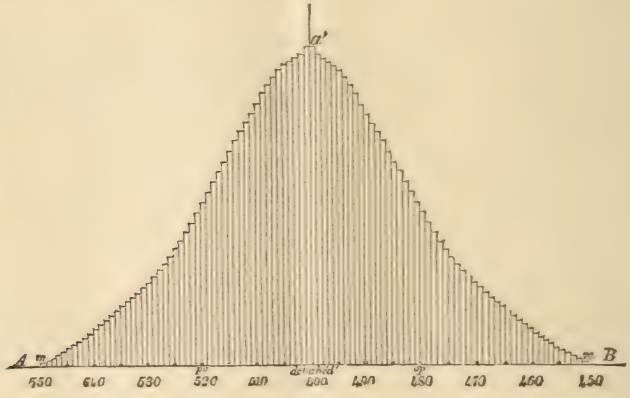
499	white	balls	and	500	black	—0.025255
494	"	"	"	505	"	—0.023736
489	"	"	"	510	"	—0.020245
484	"	"	"	515	"	—0.015618
479	"	"	"	520	"	—0.010887
474	"	"	"	525	"	—0.008360
469	"	"	"	530	"	—0.003922
464	"	"	"	535	"	—0.002005
459	"	"	"	540	"	—0.0009458
454	"	"	"	545	"	—0 0003994
449	"	"	"	550	"	—0.0001525
444	"	"	"	555	"	—0.0000526

* Op. cit., vol. ii., p. 40, and Sur la Thèorie des Probabilitès aux Sciences Morales et Politiques, 1 vol., 8vo., Brussels, 1846. Trans. O. G. Downes, London, E. & C. Layton, 1849, p. 256.

† This table it may be mentioned was found after its publication to very exactly correspond with a similar one independently calculated by M. Cournot of Paris, after a different manner.

439	white	balls	and	560	black	—0.0000164
434	"	"	"	565	"	—0.0000046
429	"	"	"	570	"	—0.0000012
424	"	"	"	575	"	—0.0000005
420	"	"	"	579	"	—0.00000004

This table, complemented by a corresponding one for an increasing number of white balls and a decreasing number of black, is, as far as may be, graphically represented by M. Quetelet in the following cut.



Curve of Possibility.

It will be observed in this figure, first, that the perpendicular represents the mean and average, *i.e.*, the sums of all the balls of each here drawn, divided by the number of drawings, or namely, 500 for the black and 500 for the white; second, that the distances from the perpendicular show the amount of variation in the relative numbers of the balls; third, that the height of the rectangles indicates the probability of the drawing; and fourth, that a drawing differing so little from equal numbers as 479 white and 520 black balls has less than half the chance of 499 white and 500 black.

We have a table and a figure that represent the probabilities of two kinds of simple events (more white or more black balls) the chances of which are equal on each side of a mean which is also the average. We have thus a scale and a curve of probability which are mathematical and which are supported by experiment.

But realizing the abstract nature of such calculations, the

simple character of such experiments, we may ask ourselves the question, are they applicable to the concrete affairs of ordinary life, and what is their worth if applicable?

We may especially do this with reference to any intended employment of such considerations in medicine, because of the very erroneous conclusions which have frequently been arrived at by mathematical computations, by the use of statistics in our peculiar branch of knowledge.

And we might the more particularly hesitate by reason of the very statements of M. Quetelet himself, were it not for the accompanying explanation that he makes. These are contained in his chapter on the use of statistics in the medical sciences,* which opens with the passage, "Nothing has been more strongly contested than the utility of statistics in the medical sciences; and, from the manner in which they are applied, it should be so."

It is needless, however, to say that this misuse of statistics is confined largely to the domain of therapeutics, wherein so many more factors enter than in other departments of medicine.

We are prepared then to use statistics in medical matters in which the conditions are not unduly or unnaturally complicated, and in which, as in pathogenesy, we may be able to employ counter tests. Of what use, in this instance, in the matter of pathogenesy, is a table or a figure indicating chances much like a die?

In answer to this, we may first learn what applications have been made of them in human matters and what their worth appears to be.

Taking the record of the measurement of the chests of 5738 Scotch soldiers, published in the thirteenth volume of the *Edinburgh Medical Journal*, M. Quetelet compared it with the table quoted above and with a most remarkable concordance of the respective numbers of individuals at various removes from the mean with those furnished by the table.

A similar comparison of the heights of 100,000 French conscripts tallied still more closely; other statistics personally gathered by measurements or taken from various reports alike agreed, whilst measurements of the volunteers to the Union army in the Civil War confirmed the results of the author's previous researches and quite completed the proof of the value of such statistical studies,—studies which had before been pur-

* Pp. 228–236, Sur la Thèor. d. Prob.

sued with reference to populations far less heterogeneous than that of the United States.

Respecting this similarity of the gradations furnished by nature and by mathematics, it is certainly remarkable that in a collection so heterogeneous as almost any natural gathering of men, it should be found, whatever the phenomenon measured, that not only does the largest group represent the mean between the two extremes, which are, moreover, connected with it by symmetrical curves, but that the average of all the measurements is that of the largest group.

We have seen the possibility of ascertaining with precision those attributes of the "mean man," who is also the average man, that are susceptible of exact measurement. Following further the labors of M. Quetelet, we may find that in each instance where statistics relative to man, of any approach to completeness and purity, have been compared with the laws of probability and the "theory of means," which we have indicated, the conformity has been close.

We are then in a position to accept the view presented by M. Quetelet, that the "mean man," the truly average man, is the unique summation of the average quantities and qualities of men in their each and every respect, is an individual possessed of neither deficiency nor excess. That as the type of his kind he is the perfection of it; the best-balanced man, he is also the type of the good and the beautiful.

It certainly seems strange thus to consider the average man as the most perfect, but such is logically irresistable, and we can simply overcome the revulsion of meaning by remembering that the "mean man," the truly average man, is a scientific conception, a formula, rather than a reality.

As our purpose at the moment, however, is science, we may proceed to inquire the value of the conception which M. Quetelet has placed before us. And this we have the greater reason for doing, in that the fundamental principle of homœopathy requires, alike in pathogenesy and in therapeutics, the consideration, not of a type, a conception of disease, not of a type, a conception of a drug, but an individual patient, an individual remedy, an individual prover, an individual agent.

Let us then ask the question, what is the value of the true conception of the average man? And in answer it would seem that we can say it shows us, first of all, one thing, namely, there is no actual average man; every combination of quantities and qualities making up a man is different; there is consequently no one to be fitted with a pathogenesy having all sufficient and naught superfluous.

One can make such for himself by *repeated* proving, but none other can exactly fit him.

Secondly, a pathogenesy compiled of many provings contains not only the symptoms that a truly average man would present, but others,—we know not how many nor how separated—the offspring of the various forms of constitution belonging to all engaged in the experiment; variations of constitution in different directions and of different degree, yet within the pale of what we would admit as normal, whilst not to mention the false or falsely recorded symptoms, a third group exists composed of symptoms furnished by strange or unusual forms of constitution.

All of these groups seem necessary to the complete presentation of the effects of a pathogenetic agent. All are evidently necessary to therapeutics.

As yet our provings seem in most instances insufficient in number or too lacking in precision of statement to be submitted to such a division. We may, however, bear it in mind.

But on returning to a consideration of a division of pathogenetic symptoms, we see more clearly than before the reason why the homœopathic therapeutics, differently from all other methods, is and ever must be founded, not upon a mythical, a symbolical individual, but upon the kinds of persons who require our special medication.

We find ourselves possessed of a method adapted to the whole human family, not to the ideal individual who is least apt to get sick.

We advance to, we provide for, the increasing differentiation, in which the progress of man has been shown to consist.

We leave behind routine and wholesale treatment. We minister to nature as we find her.

Let this be our pride! Let this be our glory! Let this be our superior wisdom.

Miscellaneous Contributions.

ALLEGHENY COUNTY HOMŒOPATHIC MEDICAL SOCIETY—DISCUSSION ON PREVAILING DISEASES.

At the meeting of the above named Society, held February 13th, Dr. Cooper said that he had a few cases of simple continued fever of a mild type. He also had a case of scarlatina in a patient aged forty-three. Angina and eruption were well

marked. Another case ran a mild course at first, and he was not called until the 14th day, when a severe sore throat set in. He found the nasal cavity filled up with membrane, and the velum palati and fauces covered with the diphtheritic exudation; urine scanty and turbid; temp. 102° to 102½°; tongue red and denuded. The urinary secretion was re-established in twenty-four hours on Canth. and Kali bi. There was much straining on micturition. At the last visit there was a frequent call to evacuate the bowels, but little pain. Nitric acid was given in combination with the Kali bi., which had been continued throughout. The case recovered.

Dr. H. H. Hofmann had several cases of cellulitis of the right side following labor. The temperature ran pretty high. All did well on Bryonia.

Dr. J. B. McClelland had a number of cases of pneumonia and bronchitis in old people and children. He also had under treatment a lady of twenty-eight, who had repeated attacks of weakness, followed by a profuse flow of colorless urine containing neither albumen or sugar. Aching in the back and numbness in the occipital region. She will sometimes pass half a gallon of urine in a short time. She has been under treatment for about a month, and has received mainly Gelsem.[3] and Zinc phos.[3] She is still under treatment.

Dr. Burgher had one case of gastric fever and a few cases of pneumonia, one of which was given Phos. and the other Veratrum vir. Rheumatism also prevails. He recommended sweet cider in cases of renal complication, as in Dr. Cooper's case.

Dr. R. W. McClelland reported a case of neuralgic headache of long standing and coming on periodically. Pain came up from the occiput and settled over left eye. During the attack the sense of hearing was very acute, and the slightest sounds painful. This symptom led to Therid., with very good result. There has been no return of the headache in three weeks.

Dr. Z. T. Miller reported a case of erysipelas. He had treated five or six cases during the month. He confined a lady recently with the long forceps; it was a hard delivery. Had some fever afterwards. Her son took erysipelas, and the grandmother nursing both was taken down with erysipelas of the face and scalp. The puerperal patient was not affected.

He had also treated a number of sore throats in which Lycop.[200] and Lach.[200] gave good results.

He also had two children who had measles followed by whooping-cough. During the severe weather both were taken with broncho-pneumonia and died.

Dr. J. B. McClelland had a case of phlegmonous erysipelas of the hand following a slight punctured wound of the thumb. Abscesses formed on the palmar surface of the hand and above the wrist, discharging great quantities of pus.

Dr. Z. T. Miller had a case of phlegmonous erysipelas in a lady under treatment for a long time. Her husband waited upon her, and one night was seized with an intense pain in the thumb. It was opened to the bone; there was no pus, but it was red and frightfully swollen. The inflammation finally subsided, but a large slough came out of the palmar surface of the thumb where the incision had been made.

Dr. Seip had a case with the following history: Two years ago a young lady came to his office with a hobbling walk. She requested a vaginal examination, as she was sure she had some uterine trouble, because a lady friend of hers had been similarly affected, in whose case the introduction of a pessary had removed the symptoms. Nothing was found on making the vaginal examination; but, at her urgent request, a very small size pessary was introduced, and the lameness disappeared at once.

She now has attacks of temporary blindness, sensitiveness of the spine, and diminished will-power. Gelsem., Nux, and other remedies, did no good. To-day, while sitting in his office, she had one of her blind spells. Had dysuria, especially at night, and was positive she had uterine trouble. He introduced an anteflexion pessary, which relieved the dysuria at once.

On motion, discussion was closed.

C. H. Hofmann,
Secretary.

F. A. W. DAVIS, M.D.—A SKETCH OF HIS LIFE AND LABORS.

BY J. P. DAKE, A.M., M.D., NASHVILLE, TENN., AND W. H. HOLCOMBE, M.D., NEW ORLEANS, LA.

[The following sketch of the late lamented Dr. Davis, of Natchez, Miss., was prepared by his intimate friend, Professor J. P. Dake, M.D.—Eds. H.M.]

The life and professional labors of Dr. Davis, of Natchez, Miss., are of such importance, as a chapter in the American history of homœopathy, that they should have record in our literature.

Dr. Frederick Augustus William Davis was born at Washington, Marion County, Kentucky, June 28th, 1801, inheriting, on his mother's side, from the Campbells of Argyle, the

sturdy characteristics of the Scotch, and from his father's the warm persevering zeal of the Welch. Educated in home institutions, after the best manner of the times, he graduated in medicine at Transylvania University, Lexington, Ky., in the spring of 1824.

Trained in this earliest medical school of the West, at a time when Cincinnati was but a village, and Chicago but an Indian trading-post, and their now famous medical schools were not so much as dreamed of, he received the stamp of such minds as Caldwell, who always claimed the highest medical skill as belonging to American physicians. Prepared by inheritance with the basis, and by education with the armament and spirit of the profession, he entered cheerfully upon his life-work. After a few years he was attracted to the fresh fields of enterprise, opening up along the lower Mississippi, and migrated southward, landing at Natchez, May 3d, 1833.

I cannot better tell the story of his progress than he himself did, in a brief sketch called out by the inquiries of the Yellow Fever Commission, in 1878.

"I landed here on the 3d of May, 1833. Cholera was prevailing as an epidemic. Having had some experience in the treatment of it in Kentucky, I was better prepared to meet it than were the resident physicians. My success was such that, in less than a year, I had a large and lucrative practice.

"In 1837 we had yellow fever as an epidemic, and I was taken down with it in September. I took a little calomel and quinine for two days, then abandoned medicines, and let nature, untrammeled, do her own work. In a few days I was convalescent. Although I continued practice, my faith in drugging was terribly shaken.

"On the 7th day of September, 1839, I was called to see a white boy at the landing, and was immediately impressed with the conviction that it was a case of yellow fever, and unhesitatingly pronounced it such. Of course, it produced intense excitement. Immediately following this case, I was called to visit two young men, both shipping clerks in commercial houses, and within two days it had spread all over the city. I had fair success, giving but little medicine and losing ten per cent.

"In 1841 I was Health officer of the city. Yellow fever was in New Orleans. From the history of the three first cases I had, in 1839, all from visiting boats from New Orleans, the way freight on which had been kept exclusively on deck, the hatches not having been opened till arrival here, I was per-

suaded that the disease could not be of local origin, and that it was an exotic, brought by importation, in the air or other contents of the hold.

"I asked the city council for quarantine, but it was, at first, refused. After repeated and urgent applications it was granted, out of courtesy to me more than confidence in the measure. At that time I did not know a quarantist in the South.

"The merchants were particularly opposed to quarantine measures, but that did not move me, as I was following the convictions of duty. As a result our city alone escaped that season, Vicksburg having an epidemic for the first time.

"During several subsequent years we had yellow fever, owing to inefficiency of the quarantine. We had it in 1853, 1855, 1858, 1867, and 1871. These were all epidemic years in Natchez.

"In 1846 I abandoned old-school teachings, and after a careful examination of the homœopathic system, I adopted it and announced to the public that I would treat diseases to the best of my ability, in accordance with the homœopathic law.

"I was the first physician, located in the lower valley of the Mississippi, that proposed practicing homœopathy, with the exception of one in New Orleans, who died after a few months' residence.

"In 1853 Dr. William H. Holcombe came to my neighborhood to take charge of the family of Mr. Marshall, a large planter. He was stricken down with yellow fever, and after his recovery his wife had the disease. I took them to my home, and afterwards associated the doctor with me in practice."

I am informed by one of Dr. Davis's accomplished daughters that, while on a visit to Cincinnati in the summer of 1846, he made the acquaintance of Dr. Pulte and rode with him among his patients, thereby having his attention called, as never before, to the workings of homœopathy. Already disgusted with the old-school system of drugging, and feeling that he was acting dishonestly in giving medicines that he would not himself take, his mind was prepared, as good soil for the seed sown by Dr. Pulte, and the seed thus sown and received, sprung up and bore fruit more than a hundred fold.

I learn from the same source that when Dr. Davis announced his intention to practice homœopathy, so great was the confidence of his clients in his judgment and honesty, they scarcely questioned the move. His medical confreres, however, turned their backs upon him and caused him to be greeted

with "quack," as he rode through the streets, a proceeding quite characteristic of the old-school in many another place. Speaking of his days of persecution, the doctor has been heard to say that in it all he "never knew the sensation of fear." His Scotch-Welsh grit and push took him pleasantly through it all.

Indeed, so correct had been his judgment as to the character and coming of yellow fever, and so successful his treatment, he had won the confidence of the community so that the combined opposition of all the old-school practitioners could not break him down nor stay the progress of the cause he had espoused.

In my travels on the great river and intercourse with leading families from the lower valley, I have often learned of the wonderful confidence of the people in Dr. Davis, especially in his skill in the diagnosis and treatment of fevers.

In 1852 the citizens of Natchez presented him with a costly silver service, bearing a long inscription, testifying to his qualities as a man and citizen, his skill and success as a physician, and his independence and disinterestedness in the adoption of homœopathy.

Such had been the success of Dr. Davis and Dr. Holcombe that the authorities of the Mississippi State Hospital at Natchez handed their institution over to them in January, 1854; and under their care the rate of mortality, from yellow fever, was lessened one hundred per cent., compared with that reported in the same institution under the best known experts of the old-school.

Dr. Davis was a great student, keeping up with the advances in medicine, and a great worker, though not personally widely known to his medical brethren abroad nor in medical societies. Aside from those who have been making their names familiar through medical journals and medical societies, there is not one better or more favorably known in our school in America, than Dr. Davis. As a pioneer in the great Southwest he had no superior.

It is gratifying here to note the fact that, to medical learning and skill of a high order, he added the weight of a well-developed, evenly rounded character, as a husband, father, and citizen. In our profession it is something to be proud of when we can claim such a man, as having lived and labored as one of our number.

I may be pardoned the introduction, here, of a personal message, conveyed to me by his daughter, showing the spirit

of the man in his last hours. She says, while suffering greatly and hourly expecting his final release, "He told me to write you when the end came, to present to you the regards of a dying man, and to tell you of his perfect faith in the cross of Christ; that he died in the assured hope of a blessed immortality beyond the grave."

As a fitting conclusion I append an editorial notice from a Natchez daily paper of January 13th, 1885.

"Yesterday afternoon the soul of the loved and venerable Dr. F. A. W. Davis was released from the frail tenement in which for more than fourscore years it has dwelt, and the immortal spirit winged its flight to that eternal home where it will enjoy the rewards of a long life well spent. For more than a half century Dr. Davis has been one of the most familiar of all the faces on the streets of Natchez. Always going, always wanted, few physicians have ever in this city done more in the blessed act of healing than this excellent man.

"Dr. Davis was a native of Kentucky, but came to Natchez in 1833. He at once obtained a lucrative and very extensive practive and established a reputation for medical skill which he retained to the time of his death. His presence in the sick-room was cheering, and the confidence of his patients was unbounded. His genial, cheering face was half a cure before his medicine was taken. Dr. Davis could scarcely imagine an undevout physician, and during his long residence in this city he was most conscientious in the practice of his religious duties. The Methodist Church, of which he was a member, will deeply feel his loss. Kind and amiable in his family, to his wife and devoted children his loss will be irreparable. But they have the consolation of knowing that his death is only the rounding up of a symmetrical and well spent life. He is gathered by the heavenly Father a ripe sheaf into his garner. Sustained by an unfaltering trust, he has 'wrapped the drapery of his couch around him and laid down to pleasant dreams.'"

[The following tribute to the memory and worth of Dr. Davis is by Dr. W. H. Holcombe, of New Orleans, La.—Eds.]

Dr. Davis, who died recently at Natchez, Miss., was one of the most intelligent and influential of all the pioneers of homœopathy in the South. He was a Kentuckian by birth, and was educated in the old University of Transylvania at Lexington, which gave so many distinguished practitioners in the first half of this century to the Western and Southern States. He located first at Woodville and afterwards at Natchez, Miss.,

where he acquired a large fortune and widespread reputation in the practice of his profession.

He was a man of engaging manners, fine conversational powers and generous impulses. His mind was richly stored with medical knowledge, and his singularly quick and accurate perceptions, joined to an admirable common sense, made him remarkably successful in business. He was fairly idolized by his patrons, and it is greatly to be regretted that none of the extraordinary cures he made were ever published for the benefit of the profession. A man of immense personal influence, like Dr. John F. Gray, of New York, like him he leaves nothing to medical posterity but the *umbra nominis*. He was a genuine lover and seeker for the truth, and a fearless and independent spirit in accepting and propagating what he believed to be true. His conversion to homœopathy was a great event in the medical and social circles of Natchez, and while his genuine cures soon made him grateful friends, he was for a long time the object of the most irrational persecution and abuse. He triumphed over everything at last, and died full of years and honors, respected and regretted by the entire community.

It was my good fortune to be his partner, and I may say his pupil, for several years. I was at his side when he confronted the terrible yellow fever epidemic of 1853, and with new and untrusted remedies conquered an unbelieving public, and placed the system of Hahnemann on a durable basis in the Southwest. His love of his profession was noble and disinterested. A favorite of the rich, he was always scrupulously conscientious in the discharge of his duties to the poor. He was my friend from our first meeting, and I was proud of his friendship to the last. *Amicus amico*, I contribute these inadequate lines to his memory.

MEDICAL LEGISLATION IN NEW JERSEY.

TRENTON, N. J., February 9th, 1885.

EDS. HAHNEMANNIAN MONTHLY:

I find by your editorial, current number of HAHNEMANNIAN, that efforts have been made in New Jersey to secure additional legislation for "medical men" as they term it here. I desire to say there has been nothing introduced so far for action in either House this session. Though there was much talk some months since, especially "newspaper talk," of the

intended action, etc., so far they have not presented anything, though it would be no new thing for us here. They have always been defeated in any unjust measure, and I think from past experience there is no probability that they can succeed in any effort to secure unjust or improper legislation this session. The proposition as published was to give us two of the nine members to compose the Examining Board. We are unwilling to be rated at two-ninths of the influence to be represented in the board, and indeed our most influential allopathic physicians are not so unjust as to favor this proportion. I have many friends among them and know their views on the subject.

Having had the honor to be a member of our Legislative Committee for the past ten years, am always on the look-out for anything of the kind, I find that so far this session there has been nothing introduced, affecting the practice of medicine in New Jersey. There may be efforts to railroad something through after a time, but I assure you that nothing of the kind can be done without our consent. This is now acknowledged; so rest assured—doubly assured—that we do not intend to be imposed upon here in New Jersey. Very truly, etc.,

ISAAC COOPER.

HOMŒOPATHY IN VIRGINIA.

RICHMOND, VA., February 18th, 1885.

EDITORS HANNEMANNIAN MONTHLY.

The last number of your journal contains an article from the pen of our genial neighbor, Dr. Douglass, of Danville, Va., entitled "Homœopathy in Virginia," which is of more than passing interest to those already here, as well as to others who may be contemplating a location in this fair south land. Most heartily do I agree with the writer when he says we want a hundred more good homœopathic physicians in the State, but when he claims that "almost any city in the State affords room for at least two good homœopathic physicians, etc.," and as if in proof thereof tells what he is doing, thereby inviting the reader to infer that others could come and succeed as well he should not content himself with saying that practice for the present year amounts to $6000, with a prospective additional $2000, for ensuing twelve months, but it seems to me, should inform the would be new comer whether he means that he has charged $6000, for services rendered, or has collected that amount for work performed during the year.

If the former, what fees were charged and what sum was collected? As it sometimes makes considerable difference whether a doctor has $6000 in accounts upon his ledger, or cash on hand. I am not writing for the mere pleasure of finding fault, but fear lest some poor fellow may be misled, and come south as so many have already done, only to become disheartened and driven away because they had not the wherewith to live until a paying practice could be established. My own habit has been to answer correspondents plainly, and fully as possible, telling them that a physician of our faith locating here should have sufficient money upon which to live for a year or eighteen months, independently of what could be earned during that period. If he could do this, there was abundant room and opportunity for him to build up a satisfactory business, and we would gladly welcome him. If he could not, but must earn a support for self and family from the start, the struggle here would be longer and more severe than at the north where homœopathy is so generally recognized.

In regard to the Medical Act which has been foisted upon us, must say that if the gentleman had not told us he "heartily indorsed it," I could not have believed that any homœopathic physician on earth was in favor thereof, and can only thank you for the able manner in which you have been pleased to call the attention of the profession to this scheme for crushing out all opposition to the dominant school of medicine.

Yours very truly,
GEO. L. STONE.

SIGNIFICANCE OF ALBUMINURIA IN STRANGULATED HERNIA.—Dr. Joseph Englisch, in the *Wiener Med. Jahrbucher*, concludes, that, in certain strangulations of the bowel, certain derangements of the renal function ensue, including albuminuria, and in extreme degrees anuria. The presence of this symptom he is inclined to ascribe to the presence in the blood of the absorbed products of decomposition. The Albuminuria thus caused has a diagnostic and prognostic value. When present we may infer that a loop of gut is being strangulated; while if the other symptoms of strangulation are present without Albuminuria, we may conclude that it is an appendage of the bowel which is incarcerated, or a portion of the omentum, or that we have an inflamed hernia to deal with. The presence of the albumen also shows that the strangulation of the bowel has reached a degree which is dangerous to the individual. This is still more certain if there are found in the urine cellular elements derived from the kidney, its pelvis, the bladder, and ureters. The presence of symptoms of collapse, with sudden increase in the quantity of Albumen, announces the supervention of gangrene. The addition of decided nervous symptoms to the above points to uræmia.—*Medical News*, January 3d, 1885.

THE

HAHNEMANNIAN MONTHLY.

A HOMŒOPATHIC JOURNAL OF

MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

Vol. VII. Philadelphia, Pa., March, 1885. No. 3.

☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE TITLE, "ALLOPATHIST."—It is not unusual to hear members of the unhomœopathic school of medicine objecting to the term "allopathist," as commonly applied to them by homœopathic physicians and by the public, and expressing a desire to be known simply as "physicians." If this latter title without qualification were universally conceded to them, it is doubtful if they would long be content with it, since its definition—*i.e.*, "one who professes or practices medicine" (Worcester)—would at once associate them not only with those of other schools whom they denounce as irregular, but also with the most ignorant and unscrupulous medical harpy that preys upon his too credulous victims. Indeed, they already insist upon the qualification "regular," though this adjective is evidently intended to distinguish them from homœopathists and eclectics (many of them educated in allopathic schools) whom they are anxious to avoid, rather than from the rapacious harpies above alluded to, with whom the association that springs from a common title seems less distasteful.

It has been the custom of this journal, as of numerous

others, always to designate the members of the sect under consideration, as "allopathists." We wish them, however, to understand that we have not employed this title, so objectionable to them, from any desire or intention to annoy an opponent—we can find sufficient other methods of doing *that*—nor to misrepresent either their opinions or their practice; but simply because we know of no other term by which they can be satisfactorily designated. And we may say in passing, that to our mind, there is nothing derogatory in the title, at least to those of them whose practice is in accord with their profession of faith. To this class of honest men and women, we say, "Come, let us reason together" on this subject! To any others, we have nothing to say. And so this editorial is written rather for our allopathic, than for our homœopathic readers.

The term "physician," as already mentioned, is not a satisfactory designation, because it fails to distinguish a member of one part or faction of the profession from a member of any other part, and hence can be employed only in its most comprehensive sense, as applicable to *any* practitioner of medicine. No one sect can claim the title, just as no one sect of religious believers can arrogate the name of "Christian." Does not such a claim by any medical sect, look like an attempt to assert superiority over other sects, rather than an effort to characterize, accurately, the sect which claims it?

Neither can the use of the adjective "regular" help us out of the difficulty. For this there might be several reasons given, all of them relating to the use and misuse of the word. *First*, it will be readily conceded by the predominant school, that its practice is the reverse of regular, even famously so. That is to say, there is a marked absence of uniformity in the medical treatment employed by its practitioners, and in the principles by which they claim to be guided in prescribing. Equally remarkable are the frequent and radical changes in the modes and principles of treatment occurring from time to time, the practice of to-day being abandoned for a different mode to-morrow. Even admitting this ununiform, evanescent, and ever changing practice to be successful and scientific; who that has any regard for the correct use of English will venture to call it "regular?" As well might one speak of the regular winds, the regular waves or the regular clouds. How much more aptly could the term be applied to a system based very largely upon a well defined and widely accepted principle of drug selection, like that one for instance, so fre-

quently denounced as "*ir*regular!" *Secondly*, to apply the term "regular" to a system of medical practice or to a community of practitioners in order to set forth the idea of age, or of predominance, or of general acceptance, is to employ language which does not, by either its literal or its acquired meaning, express any such idea. The terms, "ordinary," "usual," "common," "prevailing," etc., may be properly employed here, but not the term "regular." It is a gross abuse of the Queen's English. *Thirdly*, the term cannot be used to designate a system because of its real or assumed freedom from "exclusive" tendencies, or because of its real or supposed willingness to accept aid from any part of the material, mental or moral universe. No possible distortion of the signification of the word can adapt it to the expression of such a quality. So that here also, we are unable to find any literary pretext for the employment of the term "regular." We may use the words "non-exclusive," "universal," "catholic," if we please, but if we employ the word "regular," good English scholars will not know what we are talking about.

The incongruity of applying the term regular, to the ordinary mode of medical practice, seems to have forced itself upon the minds of the friends of that mode. At any rate they have not yet undertaken to define just what "a regular physician" is. Three or four years ago, one of the most prominent allopathic journals published in America was asked for a definition of the term, and an explanation of what constituted a regular physician; and the editor promptly acknowledged that no definition of the term had ever been formulated, and intimated pretty broadly that nobody knew just what a "regular" physician is. If then, as it seems, the distinguishing marks of the "regular" physician are unknown, how shall we be able to say with certainty, just who is regular and who is not?

Now, in reference to the term "allopathist," as applied to this class of physicians! Hahnemann originated the term, to distinguish physicians who do not accept or practice homœopathy from those who do. He pointed out that, in applying medicines to the treatment of disease, they must be selected in one of three ways, viz.: *first*, from their power to produce "similar" effects (homœopathy), or, *secondly*, from their power to cause "opposite" effects (anti-pathy), or, *thirdly*, from their power to produce some "other" or dissimilar effects (allopathy). This latter word means "*other* affection," and conveys, to the educated medical mind, precisely the idea which its author intended.

It does not need to be shown over again, at this late day, that the anti-pathic use of drugs is an impossibility and an absurdity. There is no such thing as the "opposite" of pain, or of inflammation, of spasm, or of paralysis, hence it is impossible to make such "opposites" the basis of drug selection, and we are, therefore, shut up to the two remaining modes, the use of drugs causing similar effects, or of drugs causing "other," yet not opposite, effects.

Now the question by which the proper use of the term "allopathist" is to be decided is this. Do old-method practitioners, in selecting medicinal treatment for diseases, choose remedies capable of causing effects "dissimilar," yet not "opposite" to those caused by the disease, or do they not? If so, the title we give them is correct; if not, we are, in all honesty, bound to relinquish its use.

If we rightly understand the objection to the title "allopathist," it is that it restricts the physician in his practice, whereas the objectors claim that they are not, in any sense, hindered in their use of remedies, but are absolutely free to choose any line of treatment that learning and experience may suggest. If this claim can be sustained, then those who never *do* resort to other than allopathic medicines, even though they may feel at liberty to do so, are the only ones to whom the objectionable title will apply. If the claim cannot be sustained, the objection must be overruled, and the title must apply to all physicians except those who believe in and openly practice homœopathy.

We know very well that allopathic physicians have recently denied that they are under any restrictions other than those which observations and experience impose. With this oft-reiterated statement we take emphatic issue. The assertion that the allopathic school cares nothing for a man's practice so long as he does not assume an exclusive title, is forcibly contradicted in the letter of their code, which *denounces a certain line of practice, but says nothing whatever about titles.* To ninety per cent. of educated people, this mere statement settles the whole question, and no shifting or evasion can induce them to reconsider it. The action of allopathic societies in disciplining members for administering homœopathic remedies, or for purchasing medicines at a homœopathic pharmacy when the homœopathic title had not been assumed at all, shows that the mass of the allopathic profession understand their code of ethics to mean just what it says, and not something which it does not say. Nor can the allopathist escape the dilemma by the

assertion that his "school" objects to no mode of practice which is based upon observation and experience. To test this matter, let him declare in his society meeting, that his "observation and experience" have led him to believe that the principle of similars is a safe and reliable guide in the selection of remedies, and see what such a defence will avail him. He will speedily be made aware that while his experience may safely lead him into any other mode of practice *it must not lead* him into homœopathy.

Look for a moment at the position assumed by the allopathic school in reference to medical "experience." A certain physician observes that ipecacuanha has cured "morning sickness;" He infers that it will do so again and prescribes it accordingly. This he calls scientific practice, because it is founded upon experience. Another physician adds to the ipecac experience, a large number of other experiences, such as that whereas an emetic, like ipecac, cures emesis, so a cathartic, like rhubarb, cures diarrhœa, a drastic like colocynth, cures griping, etc., etc., and *he* therefore infers that medicines will cure symptoms and conditions similar to those they produce, and prescribes accordingly. Isn't *his* practice based upon experience too? Yet the first physician denounces the second as a quack, an impostor, a fraud; and thinks it a dreadful thing if his opponent should retort by calling him an exclusive, a bigot, or perhaps, a fool.

In view then of the explicit statement of the code of allopathic ethics—(it is not a code of professional ethics by any means)—and of the actions of medical societies in enforcing its provisions, no denial, no argument, no assumption of an air of injured innocence, no evasion, can relieve the allopathic school of the charge of exclusiveness. Their practice, that is, the practice of all their honest members, is exclusively allopathic. They are fordidden to resort to any other mode. The letter of their code requires them to avoid the use of *any* homœopathically selected remedy, even though the patient's life should be sacrificed to the foul spirit of sectarian hatred. The whole aim and animus and object of the particular provision of the code to which we have made allusion, is to prevent the adoption and practice of homœopathy; *that*, always that, and only that.

To such a sect,—exclusive, restricted, hampered in its opinions, its practice and its resources,—none other than a restrictive title will apply. And the mode to which its members are limited requires us to give them the only title which can correctly designate them—"Allopathists."

Defeat of the Pennsylvania Anti-vivisection Bill.—There has recently been before the Pennsylvania legislature, a bill to "regulate" *i.e.*, to suppress the practice of vivisection in the state. The measure was strongly urged by a society whose members are earnestly opposed to vivisection, and whose prominent writers and speakers have put forth the almost unheard of proposition that no important physiological or pathological fact has been learned, and no benefit secured to humanity by or through the practice of vivisection. This proposition they have endeavored to sustain by the grossest distortion of facts, and in some instances by the baldest and boldest misrepresentations. The peculiar literature of the Anti-vivisection League of England and of the Anti-vivisection Society in Philadelphia is probably familiar to most of our readers. To those, however, who have not wasted time in examining it, we may say that it is characterized by much the same style, and the same sort of logic as the literature of its twin sister, the Anti-vaccination League. The bill aimed to place the control of vivisection, in the State of Pennsylvania, practically in the hands of persons bitterly opposed to the practice, and who, with exceedingly rare exceptions, have but the slightest knowledge of its real value, and still less of the necessities that environ its proper performance.

The practice of experimental physiology and the pursuit of original research in this department of science, in this country, are still in their earliest and feeblest infancy. The condition of the public educational institutions of America has not, thus far, been favorable to such work. Physiological chairs and laboratories, unlike those of Europe, remain unendowed, and their incumbents, left to the necessity of self-support, can give little time to the work in which their trans-atlantic brethren have won such fame for themselves, and such benefit for humanity everywhere. A few brave workers, however, have been pursuing their researches under difficulties and discouragements. Here in Pennsylvania we have such names as Formad, Wood, Ott and others, and already these men have added not a little to our store of valuable medical knowledge. The question now is, shall this work go on,—shall still other investigators join in it, shall our laboratories be endowed and supported, or shall the work be placed under the ban of law, and the science of physiology be condemned to remain forever just where it is to-day? As an answer to this question, Michael Foster, the distinguished physiologist of England, in a recent letter says:

"Fight against any such bill with all your might. We are here now all deploring the fatuity which led us not to oppose to the utmost, a bill which the authors said was not intended to interfere with legitimate inquiry, but which, as a matter of fact, is absolutely choking physiology in this country."

As to the misuse of vivisection, so often asserted by its opponents, it may be proper to say that a committee of the Pennsylvania State Society (Allopathic) after carefully considering the evidence bearing on the subject, came unanimously to the conclusion that there is no abuse of the practice in Pennsylvania, which can be reached by any law. This being so, it follows that the proposed bill could only result in hampering and preventing legitimate vivisection but would be powerless to prevent wanton cruelty, since *that* would be practiced in secret, and beyond the eye and reach of law. The bill, if it had become a law, would certainly have done much harm, and as certainly no good.

Among those who labored with name and influence to defeat the absurd bill, were such gentlemen as Professors D. Hayes Agnew, Joseph Leidy and William Goodell, all of the University of Pennsylvania. Well might any one of them say to the anti-vivisectionists—"Which of you convinceth me of sin" in encouraging wanton cruelty to helpless animals? Their very names are a sufficient guaranty that the needless torture of dumb beasts is not practiced in the University.

In this matter all schools of medicine are alike interested in the defence of science and of humanity. Our readers will therefore be glad to know that the bill suffered an ignominious defeat in the Judiciary Committee to whom it had been referred. We are informed that it failed to receive a single approving vote from that committee. This probably ends the contest until the next session of the legislature, two years hence, when the battle will have to be fought over again.

Notes and Comments.

Asiatic Cholera seems to have nearly or quite disappeared from the Mediterranean coast—at least for the present.

Lea Brothers & Co., the well-known medical publishers of Philadelphia, have just celebrated the completion of the first century of the existence of their publishing house.

The Annual Commencement of Hahnemann College of Philadelphia will occur on Friday, April 3d, at noon, at the Academy of Music. Professor Goodno will deliver the valedictory.

Dr. S. Lilienthal will sail for Europe in May. A multitude of professional friends will wish him a pleasant voyage and a safe return. Dr. E. A. Farrington, our contributing editor, will start for a European trip some time in June.

Dr. F. M Jennings, of Harwood, Mo., says: "I have used Papine in my practice during the last year, in many cases, and invariably where indicated, find it as represented. In fact all of Battle & Co.'s preparations in my hands have given entire satisfaction."

Conversely.—Rev. Phillips Brooks, of Boston, boasts that he has never needed the services of a physician.—*Exc.* What would the reverend gentleman think of a physician who should boast of having never needed the services of a minister?

An Honest Confession.—The daily papers report that Dr. D. Hayes Agnew, at a recent meeting, remarked that during the last fifteen years he knew of the discovery of no new remedy unless it was bromide of potassium. Dr. Agnew ought certainly to be able to speak for the advances made in allopathic therapeutics.

Medical Practice in Buenos Ayres is a paying business. The prices charged—and obtained—are, office consultations, $2; visits, $4; obstetric cases, uncomplicated, $100; ovariotomy, $7000; attendance during typhoid fever, $1000; consultation fees, $100 and upwards, and others in like proportion. So says a correspondent of the *Br. Med. Journal.*

The Three Term Rule.—In our homœopathic colleges the percentage of students who voluntarily adopt the three years' graded course is steadily and not slowly increasing. The result is due to two causes: the steadily increasing breadth and thoroughness of the final examinations, and the constantly improving tone of professional and educational sentiment in the offices of preceptors. It is also believed that *material* of a better quality is being furnished, out of which to produce educated physicians, and this latter is due to the general adoption of a prematriculate examination.

New Publications.

Diseases of the Throat and Nose, including the Œsophagus, Nose, and Naso-pharynx. By Morell Mackenzie, M.D., London. Illustrated. Philadelphia: P. Blackiston, Son & Co. 1884. Octavo, pp. 550. Cloth, $3. Leather, $4.

This work constitutes Vol. II. of the author's Treatise on Diseases of the Throat and Nose, Vol. I. embracing the Pharynx, Larynx, Trachea, etc. The two volumes are sold at $6 in cloth, and $7.50 in leather binding. They contain about 200 well executed illustrations.

Dr. Mackenzie is too well known as a specialist and as a writer, to need any defence in presenting a work of this character. No writer living could secure a more ready and respectful bearing. His section on the Œsophagus, with which this second volume opens, ought to be appreciated by the general practitioner, considering the comparative dearth of standard literature on this subject. The same demand ought to exist for the section on Nasal Passages, though, for a very different reason, the constantly increasing prevalence of nasal diseases. As regards the production of hay-fever, Dr. Mackenzie adheres very strongly to the "pollen" theory. It is doubtful if many

American physicians will agree with him in the view that "dust is the most frequent cause of post-nasal catarrh," since it prevails so extensively, and under such widely diversified conditions of climate, soil, and occupation.

Of the *treatment* laid down by the author, we can scarcely speak favorably. Purely local means may have satisfied him, but careful observation leads our best American specialists to depend largely upon constitutional measures in conjunction with topical methods, as the only mode of dealing successfully with the vast majority of cases of chronic catarrhal affections of the upper air-passages. D.

CRUISING AND BLOCKADING. A naval story of the Late War. By W. H. Winslow, M.D., Ph.D. Pittsburgh, Pa.: J. R. Weldin & Co., 1885. 12 mo., pp. 207.

Medical men, and especially medical journalists, seem condemned to the unpleasant task of reading books always with the animus of the critic—with knitted brow and exposed canines—ready to snap at any thing which doesn't happen to tickle their fancy. It's a mean, hateful business anyhow, this book-reviewing; but it must needs be done for all that.

But the particular book under consideration, we read with no such thought and for no such purpose; but for the same object that the boy had in chewing his "sweet-scented cavendish"—"to get the juice out of it, of course." And we *did* get "juice" out of it; we enjoyed it more, probably, than the aforesaid youngster did his "plug;" and that is saying a great deal.

The volume takes a lad from his home on the coast of Maine, gives him such an education as the schools of the time and place afforded, then sends him to sea in a large ship which "nearly foundered in a gale off Newfoundland, lost a deck-load of timber in a hurricane off Bermuda, spilled a deck-load of molasses into the sea off the coast of Cuba, and was finally wrecked upon the iron-bound coast of Maine." The boy reached home in safety, "cleaned the tar-stains from his calloused hands" read law for eight months and—entered the Naval Academy at Annapolis, to become a sailor for Uncle Sam. Thence he was transferred to the U. S. Ship Nautilus, and sent into active service, chasing blockade-runners and rebel privateers, securing promotion from Ensign to Master—and returning in safety at the close of the war.

The book teems, from beginning to end, with stories,—sailors' yarns, most of them—incidents of the war on the Atlantic and Gulf Coasts and in the West Indies, and gives a far better, *i.e.*, more accurate and detailed description of a sailor's life than we have ever met with elsewhere. The record is by turns amusing, and exciting, and always instructive. Harry Careswell, the hero of the story, exchanges the ship for the shore, and his naval toggery for the dress of the civilian. And now instead of fighting rebel privateers, he is actually doing all he can for the private ears and eyes of his neighbors. How people do change!

If any doctor wants a good enjoyable evening or two, away from his monotonous round of medical reading, let him get this book, read it, and then hand it over to his boys. It will pay, both in instruction and entertainment.

D.

Le Progrès Medical. Edited by M. Bourneville, Rue des Carnes, Paris, France.

We welcome with pleasure among our new exchanges *Le Progrès Médical*, a French medical weekly of wide celebrity. The get-up of the journal is on the European plan, and the type, paper, etc., consequently not what some of our more luxurious American periodicals offer. But this is made up for by the contents, which well deserve perusal.

To begin with are some excellent original articles, lectures, translations, etc.; then a bulletin of medical progress, reports of societies, and book reviews, which seem to have been written after the works in question had been read! Lastly, correspondence and news items. V. L.

Gleanings.

Lodgment of a Breech-pin in the Brain. Recovery.—Dr. G. W. H. Kemper reports the case of a boy injured by the explosion of a gun, in which the breech-pin passed through the frontal bone, and lodged one-half inch beneath the cortex of the brain. Twenty-one hours after the accident it was removed with the dressing forceps, along with a few fragments of bone. A piece of the felt hat which he wore at the time, presented at the wound, and was removed several days later. Recovery progressed without interruption. Sixteen days after the accident he was dismissed as cured. The breech-pin weighed 617 grains.—*Amer. Journ. Med. Sc.*, Jan., 1885.

On the Nervous or Muscular Origin of Certain Spastic Conditions of the Voluntary Muscles.—In a paper on the above subject, Drs. Sydney Ringer and Harrington Sainsbury say that in experimenting with drugs a striking fact is everywhere apparent, viz.: that we may reproduce the fac-similes of disease in the laboratory. Pharmacology may, therefore, aid us in the study of disease, since enabling us, as it does, to actually produce disease and to multiply its causes; it thereby enables us, by a careful comparison of these causes, to separate the essential from the non-essential, and so to arrive more nearly at a just appreciation. In certain nervous disorders a condition of the muscles marked by rigidity appears, and that from different causes. In each of these we ask the question, What share are we to attribute to the nervous system; what to the muscles? Thomsen's disease is accompanied by a peculiar form of muscular rigidity, thus if the patient should vigorously flex his arm at the elbow, he may find for a few seconds that he is unable to extend it again. The same difficulty may be found in other movements. The lower extremities suffer similarly and, indeed, in a higher degree than the arms. This peculiar stiffness is especially observed at the commencement of volitional movements; indeed, as the movement is repeated the stiffness wears off and may completely disappear. While the voluntary muscles are affected in this widespread fashion, the muscles of organic life escape wholly. There is no difficulty in swallowing or trouble in micturition or defecation. The attempt to localize the anatomical seat of the disease has not been very successful. We have been driven from the peripheral structures to the cord, from the cord to the medulla, and from the medulla to the encephalon, and have not found the morbid action. May it be that the muscular fibres themselves are at fault? There is considerable evidence that such is the case.

In the course of some experiments with the phosphate, phosphite, and

hypophosphite of sodium on the frog, Ringer and Sainsbury noticed some very curious effects on the muscles. These consisted in fibrillary twitchings of the voluntary muscles; these movements varying greatly in intensity, in some cases showing only as a flickering of the smaller bundles of fibres; in others, being so extensive as to move even a whole limb. Voluntary movements would bring out or greatly increase these fibrillary contractions. At this stage and later the movements of the animal were observed to be very slow and stiff, the relaxation following a contraction being very much delayed. This muscular stiffness reached its maximum when a complete saturation of the system with the salt was obtained. At this stage a voluntary movement would cause the hind-limbs to become rigidly extended, and in like manner the toes extended and spread. Simultaneously the fore-limbs would be flexed across the chest. The effect, so far, was very like that of Strychnia, but there were decided differences, e. g., the Strychnia rigidity is followed by a lapsing of the limbs into a state of relaxation from which a fresh stimulus again starts them into rigidity. The Sodium phosphate rigidity after persisting some time, only slowly gives way, but having given way, the relaxation is maintained. Another difference observed consisted in the involuntary nature of the Strychnia spasm, this being nothing else than a very widespread and violent reflex, whereas the Sodium phosphate rigidity was observed to be closely related to volitional movement. The hind-leg of a frog, which had first been brought under the influence of Sodium phosphate, was severed from the body and then the sciatic nerve was faradized momentarily. The result was rigid extension, which extention persisted some seconds after the discontinuance of the stimulus. Cold favored a repetition of the spastic state; further, that repetition of the excitation caused both the spastic contraction and the fibrillary contractions to diminish. The effect, then, is peripheral. In another frog, hypodermics of Sodium phosphate were practiced as usual, but, in addition, Curare was also injected. The limb was then severed and the sciatic faradized. This yielding no contraction it was concluded, that the motor nerve fibres were paralyzed. On stimulation of the muscle, however, the contraction was more prolonged than in the non-Curarized muscle. It was evident, then, that the rigidity was due to alteration in the muscles. As the Sodium phosphate rigidity is the counterpart of that found in Thomsen's disease, Ringer and Sainsbury conclude that the motor disorder in that disease also has a muscular origin.—*The Lancet*, November 1st, 8th, and 15th, 1884.

After treatment of Lithotomy when the Bladder is Sacculated.—The chief danger in sacculation of the bladder after lithotomy lies in the retention of urine in the cavity. To remedy the evil, Mr. Reginald Harrison has adopted a new system of drainage. In all cases complicated with a large prostate and with saccules on a depressed floor, a sufficient division of the prostate to make free access to the bladder should be made. To provide free drainage after the operation: Through an ordinary lithotomy tube, open at the end, is passed and retained a rubber catheter. This adapts itself to the inequalities in the walls of the bladder; and can be made to enter any saccule that may be present. By this arrangement a constant system of drainage is carried on, so that urine escapes immediately on entering the bladder. Vesical colic and spasm by retention of clots is thus done away with. We have a more ready way of washing out all parts of the body without removal of the outer tube. By having the inner tube sufficiently long to conduct the urine into a vessel by the patient's bed-side, the bedding may be kept absolutely dry.—*The Lancet*, November 8th, 1884.

Sclerosis of the Coronary Arteries and the Affections Depending Upon It.—Leyden (*Zeischrift für Klinische Med.*) gives the fol-

lowing as the pathological anatomy of the affection: 1. Sclerosis or ossification of the coronary arteries, without special changes in the heart. The heart muscle does not suffer, and the patient dies of an intercurrent disease. 2. Acute thrombotic softening or formation of hemorrhagic infarctions in the heart substance consequent upon sclerotic thrombosis of the diseased arteries—myomalacia cordis of Ziegler. This leads, at a later period, either to fatty degeneration in the occluded vascular districts, or to softening, the most frequent cause of rupture of the heart. 3. The chronic form, fibrous degeneration of the heart muscle, arising from the callous formations in the affected vascular districts. In this manner, also, aneurism of the heart is frequently produced at the apex. 4. A combination of the above-mentioned varieties, the most frequent of all clinically. These forms are seen in a more or less acute or more chronic form, and Leyden classifies them as:

1. Acute cases, with sudden termination in death. Death occurs in a fainting fit, or after an attack of angina pectoris. In some cases an autopsy shows very marked, in others very slight anatomical changes in the heart; rupture of the heart, hemorrhagic infiltration with extravasation of blood into the pericardium; softening, or only small foci of fatty degeneration or slight softening of the heart muscle. Whilst these cases are reported as cases of embolism of the coronary arteries, we have the symptom of slowing of the pulse frequently very pronounced, or sudden paralysis of the heart. 2. Cases of subacute course, showing that the severe course of the disease runs through a number of weeks. There are certain forerunners of the disease, as cough, dyspnœa, frequent attacks of angina pectoris, sometimes even dropsy. The patient may then improve for a while, when severe symptoms will suddenly appear and death take place. An autopsy will show myomalacia, hemorrhagic infiltration, fatty degeneration, and signs of old fibrosis. 3. Chronic cases, generally described as chronic myocarditis, fibrous myocarditis, dilatation or aneurism of the heart. In persons of advanced age, heart symptoms develop slowly and sometimes disappear. There may be attacks of angina pectoris or cardiac asthma. The course of the disease is almost always progressive. Whilst the symptoms increase the patient presents the phenomena of severe disease of the heart, and under the increase of the asthmatic attacks and the appearance of dropsy, the disease terminates fatally.

The symptomatology of sclerosis of the coronary arteries is that of an acute or chronic disease, with more or less striking phenomena, independent of valvular affections of a progressive character, coming at an advanced age, and leading to a diminished functional activity of the heart. The cardiac symptoms are prominent; the vital or physiological more so than the physical; and angina pectoris, asthmatic attacks, weakness of the heart, fainting fits, changes in the heart's activity, both in frequency and rhythm, and in some cases a prolongation of the diastolic period, are seen in these cases. Physical examination shows dilatation of the left ventricle, whilst the right is usually hypertrophied. The complications on the part of the respiratory apparatus are cough, dyspnœa, catarrhal affections, and attacks of pulmonary œdema. The most frequent causes of arterial sclerosis are heredity, the abuse of alcohol, and high living. Physical and mental strain also play an important part.—*Am. Journ. Med. Sc.*, January, 1885.

Bromide of Iron caused the following: On getting up in the morning her face was a mass of crimson; her eyes ran with water, and her nose, tongue, and mouth were horribly swollen and painful, so much so as to prevent speaking. After these subsided the skin of the face was blotchy red; a true facial erythema, usually comprehended under the term acne.—Dr. R. T. Cooper, *Monthly Homœopathic Review*, December, 1884.

News, Etc.

Dr. G. Maxwell Christine has removed from 2048 North Eleventh Street to 2042 North Twelfth Street, Philadelphia. He announces himself as henceforth a homœopathist.

A State Board of Health for Pennsylvania seems at last to be among the probabilities. A bill to secure such a board has been introduced and has already made considerable progress towards final passage.

The Homœopathic Hospital of Minneapolis has just issued its report for the two years of its active existence. The institution has a most eligible situation, approved hospital buildings, and hosts of friends Thus far there have been treated in its wards, 160 medical and 39 surgical cases.

The Position of Resident Physician of the Hahnemann Hospital in New York will be vacant April 1st. There will be a competitive examination for the position, which will be held April 2d, The doctor will receive his board, lodging, and washing, also thirty dollars per month. Applicants may address John H. Thompson, M.D., Secretary of Medical Board, 36 East Thirtieth Street, New York.

The Brooklyn Homœopathic Hospital Dispensary Staff (reorganized June, 1882), held its Second Annual Meeting January 12th, 1885, in the hospital, 109 Cumberland Street, and elected B. E. Mead, M.D., President, and John L. Moffat, M.D., Secretary. There are nine clinics, and seventeen physicians and surgeons. 9883 patients were treated during the year 1884, and 23,668 prescriptions dispensed.

A Southern Academy of Homœopathy Proposed.—The following circular has been issued to the homœopathic profession:

"The Hahnemann Medical Association of Louisiana sends its cordial greeting to every homœopathic physician, far and near, north, west, east, south, and abroad, and invites them to honor with their presence the forthcoming Convention of Southern Homœopaths. This will take place in the City of New Orleans, on the 9th day of April, 1885, for the purpose of organizing a Southern Academy of Homœopathy and celebrating Hahnemann's birthday. By order of the Association.

"C. Y. Lopez, M.D.,
Corresponding Secretary."

Camden Homœopathic Hospital.—A meeting of those interested in opening a new homœopathic hospital and dispensary in Camden, N. J., was held at Association Hall, January 30th. Hon. E. A. Armstrong was chosen chairman. A large number of physicians and prominent citizens were present. A constitution and by-laws was adopted and the following officers were elected: President, Hon. E. A. Armstrong; Vice-Presidents, James M. Stradling and B. Frank Sutton; Secretary, Dr. S. H. Quint; Treasurer, Charles Watson. A board of twenty-two trustees and a board of thirty lady managers were chosen.

An association was thus formed, to be known as the "Camden Homœopathic Hospital and Dispensary Association." It is said enough subscriptions have been received to start the hospital and maintain it for a year.

Legislation for Homœopathic Pharmacists.—The Homœopathic Pharmaceutical Association has drawn up a bill for the regulation of the preparation and sale of homœopathic medicines in the State. The measure was prompted by the efforts, even yet continued, to secure "A General Drug Law," in which homœopathic processes and preparations are ignored. Under such a law homœopathic pharmacists would be obliged to pass an examination by an allopathic board, upon allopathic, but not homœopathic pharmacy, and the examination of allopathic druggists would, of course, not embrace homœopathic pharmacy. Both of these facts constitute insuperable objections to the bill, unless it can be supplemented by a law providing for the examination and licensing of homœopathic pharmacists. Drug laws passed elsewhere, and notably in the District of Columbia, have not operated in a manner to encourage very general confidence in them.

The Anatomical Society of Allegheny County (Penna.), held its Tenth Annual Meeting December 26th, 1884, at the office of the newly elected President, Dr. William R. Childs, who in his opening address offered some suggestions for the improvement of the organization, and urged that a suitable building be procured for carrying on the society's work, for which, he said, an abundance of material can be obtained. The Treasurer reported a balance on hand amounting to $106.84. The Secretary, Dr. W. J. Martin, in presenting his report alluded to the origin of the society. The idea had been conceived by Dr. J. H. McClelland, who with most of those now belonging to the organization, notably Drs. Burgher, Cooper, Willard, and Childs, ushered the new society into existence "just ten years ago, in a third story room over a leather store, on Liberty Street, Pittsburg." The Presidents of the Society have been Drs. Burgher, Cote, Cooper, Winslow, J. H. McClelland, Bingaman, Willard, and Childs. The Demonstrators have been Drs. J. H. McClelland, Childs, Seip, and J. B. McClelland. Dr. W. J. Martin has been Secretary continuously, except for two years, when he was absent from Pittsburg, during which time Dr. C. P. Seip officiated in that office. Three members have died, viz.: Drs. M. Cote, L. M. Rousseau and J. P. Scott. The amount of money received during the decade was $1457.90.

A discussion ensued upon the proposition to provide a fully equipped apartment for the practical instruction of students in anatomy, as recommended by President Childs. Drs. Willard, Burgher, Cooper, C. H. Hoffman, Martin, and R. W. McClelland, participated in the discussion, the general tenor of which was to endorse the suggestion. At the close of the meeting the members partook of an elegant supper in the dining-room of their host, President Childs. The Secretary's address is—Dr. W. J. Martin, 1712 Carson Street, Pittsburg, Pa.

Meeting of the New York State Society.—The Thirty-fourth Annual Session of the Homœopathic Medical Society of the State of New York was opened at Albany, on February 10th, 1885. Dr. E. S. Coburn, of Troy, presided.

Drs. Eliza J. Beach, J. W. Candee, E. L. Crandall, E. Fancher, L. Faust, C. N. Guy, B. L. Houghton, Theo. P. Knapp, Clements S. Lozier, E. B. Nash, O. E. Pratt, C. W. Radway, James C. Shaw, J. W. Sheldon, Silas S. Simmons, Henry R. Stiles, D. B. Strumpf, A. P. Williamson, G. W. Winterburn, and Frances M. Wright were elected to membership.

The afternoon session was devoted to the Reports of the Bureaus of Materia Medica, Opthalmology, and Nervous Diseases. Interesting papers were read as follows: Dr. W. C. Latimer, "Petroleum and its Properties;" Dr. F. F. Laird, "Outline Therapeutics of Spinal Irritation;" Dr. J. L. Moffat, "The Eye Symptoms of Physostigma;" Dr. A. B. Norton, "A Case of Paralysis of the Superior Oblique and Internal Rectus Muscles;"

Dr. A. P. Williamson, "General Paresis in Women;" Dr. A. B. Kinne, "The Delusions of Paresis and Chronic Mania;" Dr. W. M. Butler, "Puerperal Insanity." Dr. Talcott also read a paper on "The Prevention of Insanity," which was ordered given to the city papers for publication.

In the evening papers were read by Dr. C. F. Sterling, from the Bureau of Otology, and Dr. Lee, from the Bureau of Obstetrics. Dr. Welch's statement that he invariably gave his patients "Pulsatilla 200," brought him into a warm discussion with Dr. Paine, of Albany, who said the publication of such a statement would bring homœopathy into disrepute. A motion to expunge the statement from the minutes resulted in a tie vote.

The Bureau of Surgery reported at the morning session of February 11th. Dr. J. M. Lee, of Rochester, read a paper on "Narrowing of the Meatus Urinarius;" another, by Dr. H. J. Ostrum, of New York, on "The Necessity of Removing the Axillary Glands and Fat, together with Carcinoma of the Breast."

A paper by Dr. M. O. Terry, of Utica, was read on "A Painless and Speedy Cure for Ingrowing Toe-nails." The paper criticised the "barbarous" method of extirpating in such cases both the nail and its matrix, and recommended as a substitute for it the application of a liquid composed of Potassa one part to four of water, to soften the tissues; pieces of cotton are to be wet with this and pushed under and over the nail, being held in place by surgeons' isinglass plaster. Dr. Brown mentioned a case of epilepsy brought on by ingrowing nails, and other suggestions were made.

Dr. C. S. Lozier, of New York, gave a synopsis of two interesting papers she had prepared on obstetrics and hygienic dress.

The Society then proceeded to hold an election of officers for the ensuing year, with the following result: President, Dr. M. O. Terry, of Utica; First Vice-President, Dr. A. P. Hollett, of Havana; Second Vice-President, Dr. N. B. Covert, of Geneva; Third Vice-President, Dr. G. M. Dillow, of New York; Secretary, Dr. John C. Moffatt, of Brooklyn; Treasurer, Dr. E. S. Coburn, of Troy.

The following Censors were chosen: Northern District, Drs. George Allen, W. T. Laird, and D. E Southwick; Southern District, Drs. F. E. Doughty, E. Hasbrouck, and H. C. Houghton; Middle District, Drs. N. B. Covert, E. B. Nash, and W. E. Milbank; Western District, Drs. F. Park Lewis, A. B. Wright, and T. D. Spencer.

President Terry announced as chairmen of the several bureaus: Materia Medica, Dr. F. F. Laird; Clinical Medicine, Dr. George E. Gorham; Surgery, Dr. T. D. Spencer; Obstetrics, Dr. H. M. Dayfoot; Gynæcology, Dr. Titus L. Brown; Mental and Nervous Diseases, Dr. A. P. Williamson; Pædology, Dr. Helene S. Lassen; Ophthalmology, Dr. A. B. Norton; Otology, Dr. H. C. Houghton; Laryngology, Dr. Malcolm Leal; Histology, Dr. W. Y. Cowl; Climatology, Dr. Charles E. Jones; Vital Statistics, Dr. A. R. Wright; Necrologist, Dr. A. M. Holden; Legislation, Dr. S. H. Talcott; Medical Education, Dr. E. Guernsey; Medical Societies and Institutions, Dr. C. Durant Welch.

Discussion ensued on selecting a proper place for the semi-annual meeting. Grove Springs was finally chosen, and the time fixed for the second Tuesday and Wednesday of September, 1885.

OBITUARY.

Dr. Chandler Crane, of Halifax, Nova Scotia, died recently at Richmond, Va.

Obed H. Crosby, M.D., of Atlantic City, N. J., died January 6th, 1885, aged 35 years, of Bright's Disease. He was a graduate of the New York Homœopathic Medical College of the class of '74, and a few months subse-

quently located at Atlantic City, where his genial manners, his kindly disposition, and his skill as a physician soon drew to him a lucrative practice. During this period he also secured the esteem and confidence of his professional brethren to such a degree that they unhesitatingly, and with one accord, commended their patients to his care during their sojourn at Atlantic City. Dr. Crosby was equally fortunate in securing general public confidence, and was for some years the Superintendent of Public Schools of Atlantic City. His wife was Miss Hattie Shepherd, of Franklin, N. Y., who preceeded her honored husband to the better land some two years ago. His loss will be sincerely mourned, not only by his relatives, his patients, and the general public, but also by hundreds of homœopathic physicians in three great States.

Professor N. F. Cooke, M.D., LL.D., of Chicago, died suddenly at 6 A.M., on Sunday, February 1st, 1885. The cause of death was a chronic hypertrophy of the heart with dilatation, from which he had suffered for years.

Professor Cooke was born in Providence, R. I., August 25th, 1829. His literary education was obtained in Brown University. From 1849 to 1852 he traveled very extensively and returned after having made a complete circuit of the globe. His medical preceptor was Dr. Usher Parsons, of Providence, R. I He took his professional degree from the Homœopathic Medical College of Pennsylvania, in the spring of 1852; entered into partnership with the celebrated Dr. A. Howard Okie, of Providence; removed to Chicago in 1855; was married October, 1856; was elected Professor of Chemistry in the Hahnemann Medical College in 1859; held the Chair of Theory and Practice in the same institution for three years, ending with 1870, and of Special Pathology and Diagnosis for two years more; gave one brief course on the latter branch in the Pulte Medical College, in 1872; and published his book on antiseptic medication in 1872. In 1876, at the reorganization of the faculty of the "Old Hahnemann" he was made an Emeritus Professor, a position which he held and honored until the time of his death, and in which capacity he gave short and very acceptable courses of lectures to the students. Dr. Cooke was a genial and scholarly gentleman, of varied and extensive attainments, and a most cheerful disposition, a good writer and an excellent diagnostician. He was a senior in the American Institute and an ex-president of his State Medical Association.—*Clinique.*

John Romig, M.D., of Allentown, Pa., died in the early part of February, having survived his son, the late W. H. Romig, M.D., but a very brief period. Dr. Romig, the subject of this brief notice, was born in Lehigh County, Pa., January 3d, 1804, his grandfather having emigrated to America from Germany in 1732. Graduating at the University of Pennsylvania in 1825, he settled at Fogelsville, Lehigh County, but in 1829 removed to Allentown. His conversion to homœopathy occurred about 1833, from which time he was closely identified with the distinguished homœopathic physicians of that period—Hering, Detwiller, Wesselhoeft, and others, and united with them in organizing the old Hahnemannian Society, and in founding the North American Academy of the Homœopathic Healing Art. Of this institution he was Vice-President and also Professor of Obstetrics. From 1838, a period of two years was spent in Baltimore, whence he returned to Allentown in 1840.

Dr. Romig was an active member of the Presbyterian Church and a zealous advocate of the cause of temperance. His death removes another of the very few remaining founders of our school in America.

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AMBLYOPIA FROM ALCOHOL AND TOBACCO.

(*Amblyopia potatorum et nicotina.*)

BY D. J. M'GUIRE, M.D., DETROIT, MICH.

(Read before the College of Physicians and Surgeons of Michigan.)

In times past, no little discussion has been held on this so-called disease, and owing to the lack of scientific data the results of debate have not been very satisfactory. Personal prejudice has undoubtedly had its influence in many instances, warping the judgment both for and against. The infrequency of the occurrence of the disease in those eastern countries as Turkey and India where the habit of smoking is universal, has been used as an argument against its existence. The evidence in favor of such an ætiology, although wholly clinical, is quite as strong as for many other such conclusions about which medical men have no scruple, and while only a few of those who use either tobacco or alcoholic beverages in excess are thus affected, there are but few, if any, American practitioners to-day who having had any considerable clinical experience, doubt the causative relation of these two articles to certain cases of impaired nerve function in the eye. Most authors also agree that the disease rarely appears in those who use tobacco alone to excess, resulting usually from their combined use. This view corresponds to my own experience, and without wearying you with a recital of cases, I will briefly classify those observed by me, which I think will add to the interest of this study. I have met with them in the German who drinks only beer, never becoming drunk but never allowing a thirst to exist long, and who smokes his pipe or a cheap cigar during the greater portion of the day. The Englishman who, through a long period of years, has regularly at meal time and before

retiring taken his *gin*, and smoked in the interim, becomes occasionally a victim of this malady. While the American who perhaps will tell you that he takes from twenty to thirty drinks in the twenty-four hours, and at the same time being an obliging fellow he drinks whatever his different friends want—consequently at the end of the day has taken a great variety of mixtures and straights. This, together with anywhere from ten to twenty cigars during the same period, will enable him to accomplish the feat at a very early age. Dr. H. D. Noyes reports a case of typical nerve atrophy in a boy of nineteen, who had smoked cigarettes excessively, and I have seen it in a young man of thirty with as fine a physique as I ever looked upon, and who notwithstanding he had indulged in drinks and smoking up to the maximum of the American picture just given, carrying his dissipation into the small hours of morning, thus reducing his proportion of sleep, had never had so much as a headache or disturbed taste or appetite; being as he declared perfectly well until he began to observe the failure in vision, and this was unaccompanied by other symptoms of disturbance. When I saw him some three months after the first symptoms of blur, etc., had been observed, vision was reduced to $\frac{6}{100}$ with paleness of the temporal half of the optic disks, but with none of the symptoms of hyperæmia which we would expect to find, were it directly due to alcohol. The central scotoma to red was also marked.

The case did not remain under my care long enough to observe any effects from treatment.

Mr. R—— (German), æt. 38, July 20th, 1884, says that vision began to fail after an attack of rheumatism last March. Præs-ocular conjunctiva injected over recti interni. Right eye, vision $= \frac{20}{200}$, not improvable by plus or minus glasses. Left eye, vision $= \frac{20}{200}$, worse by convex glasses. Ophthalmoscope shows marked hyperopia but no apparent changes in fundus. Slight central scotoma to red. My record of his habits says, smokes excessively and drinks moderatively but regularly. R. Nux[2] and abstemiousness. Case not seen again.

Mr. K——, æt. 73, English, October 1st, 1883. Has always been a methodical business man and a good citizen, but has for years taken daily at his home from a gill to a half pint of gin, and a very heavy smoker, smokes a pipe usually. Pulse 100 and remitting, twitchings of muscles in different parts of the body. Has noticed failure in vision since three months. Vision, right eye $= \frac{}{70}$. Left eye $= \frac{3}{70} +$. Refraction emme-

tropic. Fundus, right eye, normal in appearance. Fundus, left eye, optic disk decidedly pale, outer half approaching the pearly white of optic-nerve atrophy, central scotoma to red in both eyes very well defined. Treatment, tobacco forbidden absolutely and gin reduced in quantity. ℞. Nux^{x}.

October 11th, has suffered but little from loss of tobacco. Vision, right eye = $\frac{3}{50}$. Left eye = $\frac{3}{70}$. Continue nux.

December 13th, patient has taken but little medicine since last visit, and has smoked moderately. Vision same as last record, and in general more nervous for which I gave opium^{x} to be followed by nux and digitalis alternately. This latter seemed called for by the impaired action of heart. From this time, I was unable to see the patient, and received reports only by letter or through a second party. He continued nux irregularly for some time, and reported improvement, but I have no reason to think that it was very marked. In fact, I predicted a fatal termination as a result of disease in the vascular coats (probably apoplectic in character). This being one hypothesis upon which I can explain the loss of vision, especially when followed by atrophy of the disk, and in this case there had been some premonitions of central trouble.

The next case is one in which tobacco only was used, the patient being abstemious in the matter of drinks, but a heavy smoker, using a pipe largely.

Mr. S——, æt. 54; bilious temperament; had syphilis one year ago with secondary manifestations, but no symptoms of it at present or during last six months, of hardy constitution and in general good health. Presented on January 7th, 1885, stating that since five days, a sense of blur over vision had gradually developed. *Status præsens;* Vision for each eye = $\frac{20}{100}$, no better by either + or — glasses. Vision of left eye, patient thinks, is no worse than for several years.

Ophthalmoscopic examination, right eye shows refraction to be emmetropic, and fundus normal in appearance; no scotoma to red. Left eye, vitreous was milky or hazy, and vessels imperfectly seen, appear smaller than normal; but the refraction as nearly as it could be determined indicated a high degree of hyperopia on account of which allowance must be made for the apparent size of the picture. The condition of the fundus in this eye is, I think, old, and, as patient thinks, is probably not materially worse now than for some time past.

My prescription was absolute withdrawal of tobacco, and nux^{2} four times daily. January 13th, vision, right eye only $\frac{3}{100}$, and fitful. Retina able to retain an impression for only a

moment and a marked central scotoma to red, of 20° diameter field of vision normal. Continue Nux².

January 26th, scotoma to red one half less in radius. ℞. Gelsemium, and nux discontinued, the former being given on some general symptoms.

January 29th, vision, right eye = $\frac{20}{50}$. Patient complains of some frontal and basilar pain which suggested the possibility of vascular disturbance in meninges for which I gave verat. vir.ⁱˣ

January 31st, pain at base relieved. ℞. Nux² with a supply of Verat. vir. if needed.

Feb. 13th, after two weeks on the road, reports feeling well; has at no time suffered from loss of tobacco, except to miss the enjoyment of indulgence. On testing the field, a peculiar phenomenon was observed, the central scotoma to red within the limit of 10° had disappeared, the red card being distinctly seen, but within 10° and 20° the scotoma remained sharply outlined, the field beyond this being normal to both white and red. Vision = $\frac{20}{30}$. ℞. Nux.

The condition of the left eye and the fact of a recent attack of lues, present some complications in the ætiology of this case, but when we recognize the habits of the patient, the gradual loss of vision of the, until now, sound eye, the comparatively rapid recovery of vision after withdrawal of tobacco and the use of nux, together with the well defined scotoma to red which alone by many authors is considered as pathognomonic. I think we may safely set this down as a case of tobacco amblyopia, and the rapid recovery due to the facts of early application for treatment and faithful adherence to my directions concerning the use of the weed. In my own experience I must confess in therapeutic results, this class of cases has not been as satisfactory as I think they ought to be. The causes of failure being the unwillingness of the patients to change their habits of indulgence, and the fact that most of them do not present until after several months have elapsed since first symptoms were noted, often not until temporal half of disk shows a decided pallor. As writers of eminence differ in their views on the ætiology of this affection; as also on the phenomena observed, I will copy several opinions. Wolfe (*Diseases and Injuries of the Eye*) says, without doubt spirituous liquors and smoking cause it—and that the affection "generally takes the form of white atrophy with central scotoma. It progresses very slowly, and is associated with indigestion, constipation, disturbance of the nervous system, restless sleep, loss of

memory, and irregularity of the heart's action." As regards prognosis the same author says when the disease is in its first stage, abstinence from tobacco and drink is sufficient to produce a cure; but when central scotoma already exists, we can expect only a moderate result.

De Wecker (*Ocular Therapeutics*) recognizes the disease as produced by the conjoined use of tobacco and spirits—and thinks the immediate predisposing cause is some form of disturbed nutrition, as gastric disturbance, or deprivation of food; in support of which position he refers to his experience during the two sieges of Paris in which periods there were a great many cases. With these cases he remarked the great difficulty they experienced in recognizing the color yellow (gold for instance looked like silver).

The changes in the nerve which he has recognized are pallor of the temporal halves which are in sharp contrast with the hyperæmic nasal half; "has never observed general pallor of the disk."

Walton, p. 1084, believes that excessive use of spirits may cause slight amblyopia, but has never been able to trace it to tobacco. Carter also, p. 377, doubts the causative influence of tobacco and spirits.

Soelberg Wells, thinks it not settled that tobacco, or even tobacco and spirits will cause a distinctive disease of the optic nerve, but admits that as causes in producing disturbances of the nutrition they may coöperate with other depressing influences to produce such a disease.

Von Stellwag, thinks that either tobacco or spirits may cause it and that both are much more like to do so, also that poor tobacco and vile pipes are much more likely to prove obnoxious: he notes the tendency to atrophy of papilla. Schweigger (*Handbuch der Speciellen Augenheilkunde*) believes in the causative relationship of these two agents to amaurosis, but places alcoholics first. While Masselon (*Rev. Clin. d'Oeul.*, 1883, No. 10), says, in regard to the ætiology of this form of amblyopia, that the tobacco and not the alcoholics has to do with its production.

Galezowski (*Rev. d'Ophth.*, 1883), among the French observers, gives a record of 18,021 eye-patients among whom 150 cases of amblyopia from abuse of tobacco and alcohol were observed, the majority suffering from both intoxications, and only 21 from tobacco alone. He thinks that persons possessed of certain idiosyncrasies may be thus affected by the use of a very small quantity of tobacco, and in the treatment of his cases

he insists not only that the use of tobacco shall be abandoned, but that such persons must avoid rooms in which smoking is indulged. I wish in conclusion to refer to two cases reported in *The Lancet* for 1883, by Thomas Buzzard, he being the only English writer whom I have found to indorse the ætiological relationship of tobacco to amaurosis.*

His first case is that of a man thirty-two years of age who had previously suffered from some nervous and dyspeptic symptoms. He complained of failure of vision, and thought he was otherwise in good health, on inquiry, however, it was discovered that he had suffered from darting pains in arms and legs, which together with a suspected pallor of the optic disks, led him and Mr. Carter to fear *tabes dorsalis.*

The tendon reflex remaining normal and the discovery of rather intemperate habits induced them to take a more hopeful view for the time, and one month after reducing him to one pipe daily, and his use of alcoholics cut down one half, with the use of some strychnia his vision was very much improved and, at the end of three months, wholly restored. His habit had been to take one pint of claret and four ounces of whiskey in the twenty-four hours, and to smoke six or seven pipes of tobacco daily. Case II. was that of an active man of 31 years, a free liver, who had first noticed symptoms of amblyopia two months previously to consultation. Vision was then reduced to $\frac{4}{40}$ and ability to read No. 3, Jaeger. In a fortnight after he had been put upon an active course of iodide of potassium, blue pill and rhubarb there was apparent improvement and in another fortnight was improved to $V = \frac{8}{20}$. At this point the case remained stationary, the disks finally becoming pale, and some general symptoms of sclerosis were observed. After a time, the vision of left eye had lost to the extent of being practically useless. It was now insisted that he diminish his tobacco. It being his habit to smoke ten or twelve times during the day, mostly a pipe, and to drink eight or ten glasses of beer, with a few glasses of wine; and a couple of "grogs" at night. He followed the advice to the extent of leaving off tobacco and the "grogs," continuing eight glasses of beer and two of sherry daily. "Arsenic and quinine were given, and at the end of three months he could see to read *The Times* comfortably, but his optic disks were pale." Although the case appears not to have been seen again by either Mr. Buzzard or Mr. Carter,

* I, however, make no pretense to an exhaustive examination of the literature of this subject.

the reports of the patient indicate that complete recovery was the result. Both of these cases, but more particularly the latter argue strongly in favor of tobacco ætiology.

Were I to outline the remedies which I have found most useful in the treatment of these cases I would do so in about the following order. Nux v.; Argent nit.; Plantago; Verat. vir.; Digitalis; Gelsemium; the last three being directed to the control of vascular and vaso-motor disturbances, evidences of which you almost always observe sometime during the progress of the case, and which I suspect have a more immediate connection with the disturbance of nutrition in the nerve than is at present recognized. The sphere of action of the first series of these remedies will at once be recognized, all being more or less *antidotal* to the tobacco habit, more especially the Argent. and Plantago; Nux finding a sphere in the derangements, both organic and functional arising from either tobacco or alcoholics.

HYGIENIC AND DIETETIC HINTS.

BY C. G. RAUE, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

Have no fear, I do not intend to bore you with long-winded sanitation laws, or experimental digestion in retorts. There exist books enough on these learned subjects.

I shall rather choose a little story told by a man known well enough by name, not quite so well by his works, Samuel Hahnemann, and make it the basis of the few remarks I have to offer. He entitles his story "*A Nursery*," and you will find it in full in his lesser writings on page 230. The story runs as follows:

"I lately paid a visit to one of my relatives. Our conversation turned upon my favorite subject, children. My fair cousin (her husband very properly left her to speak) talked like a book about physical education, and made me very desirous to see her young family.

"She led me to the corridor at the back of the house that abutted on the courtyard, and opened the door of a dark, low receptacle full of disgusting smells, which she informed me was her nursery.

"A steaming tub, in which dirty linen was soaking, stood in front of the room, surrounded by some low washerwomen, whose unmannerly chattering polluted the ear, as the vapor from the dirty hot water did the lungs. The steam, condensed into drops, ran down the window panes.

"I expressed to my fair cousin my incredulity as to the utility of this arrangement, and hinted how much the emanations from the clothes that were being washed must deteriorate the air the little ones had to breathe; how the excessive humidity thereby engendered, relaxed all the fibres of our bodies, and must, consequently, be doubly injurious to children of a tender age.

"'Do you really mean to say,' cried she, 'that washing causes any pollution? I'm sure I see no dirt made by it, and a little moisture can't do much harm.'

"'I allude to the invisible, but injurious, deterioration of the air, the bad effects of which on such delicate creatures as children are, you must have heard of.'

"'Oh,' she replied, 'I fumigate occasionally with juniper berries, and they soon remove all impurities.'

"I now perceived that a learned demonstration of the uselessness of such fumigation for purifying the air, would be of no avail, and so I suppressed my spirit of logical reputation and endeavored to bring forward some *argumentum ad hominem.*

"'It is possible," I said, "that I may be mistaken, and that you, my esteemed cousin, contrary to all expectation, are in the right in supposing that the frequent repetition of washing festivals in a nursery and the subsequent fumigation may be without any unfavorable influence on the health of children, and I shall give up my point at once when you produce me your dear little children, who, doubtless, are very lively and stout.'

"'Produce them,' she replied, 'I cannot, but you may see them yourself back there. I don't know what ails my poor Freddy yonder; he is nine years old, but cannot walk well without his crutches.'

"At these words a little miserable looking figure crawled towards us with difficulty. His knees were bent inwards, and his legs completely destitute of muscle. His head drawn backwards, stuck betwixt his shoulders; his face was pale and withered; his eyes dull, but projecting beyond the prominent forehead. His large ears stuck out, his nostrils were expanded; his broad tongue always hung partially out of his half open mouth. His emaciated arms could scarcely support him on his crutches. He soon returned panting to his little arm-chair, to rest himself after this slight exertion." I will interrupt here Hahnemann's story.

Pure air, a great hygienic desideratum! But how to get it?

Happily we have a magnificent park; happily we have more and better dwellings than some other cities can boast of; and most happily we have a Board of Health!

Have you never seen, in your walks, a nursery which was a counterpart to the above described? What could you do? Tear the windows open and the doors? Ventilate? Ah! What an infernal smell enters from the street or alley, or chemical factory, or brewery! How will you ventilate? Only a tornado could help by blowing these pestilential abodes to atoms, or if that seems too allopathic, or may be too much of mechanical surgery, may be the execution of a plan to get pure mountain air into the homes of Philadelphia might do as well, a plan which my dear friend Dr. Hering often delighted in explaining to his friends. "It can be done as easily," he would say, "as to bring water into our houses. Why, let a big engine be erected high up on a mountain top, where you are sure to find pure air and plenty of it; let that pure air be forced by the engine into a large tube, that tube to be run straight down to Philadelphia and here subdivided, as gas and water-mains are, into smaller pipes, one of which enters your room, being there again secured by a register-like arrangement. The breathing air in your room becomes exhausted, the air in the streets is vitiated, you pant for a refreshing draft. Now think of the luxury! You merely open your register and in streams that delicious mountain-air! Yes, Sir, mountain-air we shall have in our rooms yet—if only in the course of centuries! Thus he would speak. You see, our friend felt always young; a century was for him a bagatelle; and if *he* could not enjoy it, others might.

Fumigation with juniper berries will not purify the air, neither will carbolic acid or chloride of lime; and if they do anything as so-called disinfectants, their stifling properties will surely outweigh the value of their disinfecting powers. The best purifier of vitiated air is *charcoal* either pulverized or at least broken up into small pieces and put in pans around the room. A good absorbent of gases is also simple cold water put in wide tubs under the bed and having it renewed every day. Among the deodorizing means I would prefer the chlorides of zinc or permanganate of potassium, either the one or the other according to circumstances.

Pure water, another great hygienic desideratum! But how to get it! Are we not happily situated between two great rivers? Have we not fortunately a great system of water-works? Do we not delight in paying yearly our water taxes?

And now that everything is going on so happily, and we might be a real happy family, we are told—oh! that I were spared to tell it!—we are told that our drinking water—is a mixture of—of—well, don't you know it as well as I do! You have seen it stated black on white, what a mixtum compositum chemical analyses have shown it to be. I will here whisper only confidentially to you what a witty friend of mine told me, but you must not divulge it, it might ruin the butchers: "If you boil that water with some cabbage and carrots cut into it, you will get a superb vegetable soup."

Plenty of water, but how to get *pure* water? The great sewers we are building now, will do some good, but we will not have pure water until we draw it from Lake Erie, in the course of centuries, to be sure, and those who live will enjoy it.

In the meantime, we will not lack in opportunities to clean our streets, gutters, houses, and bodies, for we have plenty of water, if we only had also plenty of clean souls to do the business. Happily our houses and bodies stand under our own control, and here the scrubbing, scouring and washing is vigorously executed day by day by an overwhelming majority of our people, I may even say is overdone by many, at least as regards their bodies. Some of you will yet remember the time when the water cure craze was the fashion of the day. The bath tubes were kept filled summer and winter, and *in* they went heels over head every morning, regardless of temperature, as though this were their only salvation of soul and body.

I knew a man, then in his best years, who did it with conviction and vengeance, and also demanded it sternly of his boys. One of them told me afterwards, in order to please the "governor," he went into the bathroom and there he took up a broom and splashed it around in the tub full of water, making sufficient noise to convince everybody outside that there was vigorous bathing going on inside. The "governor" was awarded for his zeal with a formidable neuralgia, of which he never entirely got rid in all the long years afterwards. Whether the broomstick got it I do not know; the boy did not.

You see a good thing may be overdone, and those of a hydrogenoid constitution can absolutely not bear bathing. But even those who can stand the shock of the sudden and large withdrawal of vital heat for a while, will certainly, in time, become sufferers in this or another way, whether they believe it or not. We ought not to confound ideas. Throwing ones self every morning in a bath-tub is not at all indispensable to cleanliness.

You may observe the latter scrupulously without performing that foolish job. Washing the whole body thoroughly; say once a week, and rubbing it every morning and evening with a coarse towel, will certainly keep the pores open and the body clean to all intents and purposes, and without shock or motive; or a danger of catching cold. This rubbing the body every night before going to bed and every morning after washing, is such a luxury that few give it up who have practised it for some time.

I now return to Hahnemann's story. He continues as follows: "A mixed feeling of gratitude to God of profound piety took possession of me as I called my own rosy-cheeked Fritz to my side and bade him shake hands with this innocent victim of a false and injurious method of bringing up children. My little urchin kissed this poor object affectionately and asked him what was it he drank out of the large jug beside him. 'My afternoon coffee' was his reply, and at the same time he poured out a cup for my boy, who, however, refused it, as he was not in the habit of drinking things he was not acquainted with.

"'You do not seem to approve of that,' said my cousin, 'but what else can the child drink? It is the only thing that seems to do him good; he cannot enjoy anything else.'

"'Do him good?' I hastily asked, in a paroxysm of half suppressed but extreme anger, and I turned away from the odious sight.

"Oh! what an inclination I felt to give this unhappy mother a severe lecture, and to show her that a drink which sets our blood in agitation whilst it exalts the irritability of our muscular fibre to such a degree as in course of time to render it quite lax, and to weaken it so that it trembles, which gradually exhausts our vital heat, which, possessing no nutritive properties in itself, unnaturally stifles hunger and thirst, and which communicates a false, overstrained liveliness to its votaries who are often reduced to the last stage of weakness, that like a transient intoxication leaves behind it an opposite state of the nervous system,—how injurious such a drink must be for the delicate child, endowed as it is with great irritability, and how impossible it is that such a badly treated creature can become anything but rachitic or cachectic in the last degee—a shrivelled diminutive of a human being, for whom death were the most desirable lot.

"'I suppose, my censorious cousin,' was her reply, 'you would be for depriving the little creature yonder at the table of her favorite food?'

"It was some kind of confectionery which the girl, three years old, who could not stand on her legs and could not be taught to walk, was swallowing with a degree of greediness that excited my disgust and horror. This pale, bloated creature had a rattling at the chest, slavered at the mouth, had a dull look, a projecting abdomen, and, as I learned, little sleep, and a perpetual diarrhœa, whereby, my cousin assured me, all impurities of the body were discharged.

"I begged her to try whether she herself would remain in good health if she were constantly eating sweet things, and if she would not get sour eructations, worms, deficient or excessive appetite and diarrhœa, and if so, how much more the delicate stomach of a child who was incapable of taking exercise, and in whom there was a natural tendency to acidity.

"This seemed to make some impression on her, especially when I begged her to try the strength of my home-made vinegar, which was made of sugar and yeast alone."

I must break off here, although the story is not entirely told; it is, however, sufficient for my purpose.

It proves that Hahnemann, nearly a hundred years ago (1792–95), when he wrote these things, understood *dietetics* better than even a good many people nowadays do. His true followers, our pioneers, were scoffed at by their adversaries, and accused that they cured their patients by dieting alone. Oh! what an ugly creature the devil must be! Stupid, "dumm," as the Germans call him, but all the time bent on mischief. As fast as the "critter" is cast out through one door, in he stalks through another, as though nothing had happened. He looks quite innocently, but mischief he has in view, even if it were nothing better than to drown a herd of swine. I speak, you observe, allegorically. The height of medical wisdom nowadays is considered to consist in curing patients by *scientific dietetic* means. A little while ago they laughed at it. And how do they do it now? This poor, pale girl has not iron enough in her blood—*in* goes the iron; this poor wretched child with open fontannels has not enough building material for his bony frame—*in* goes the phosphate of lime; this poor dyspeptic creature has not enough pepsin in the stomach—*in* goes pepsin. Although you may consider this style of treatment as but poor specimens of scientific accomplishments, don't you see the mischief-doer in it?

Iron *is* sometimes the remedy in anæmia or chlorosis, but not because there is too little of it in the blood, but because iron is capable of producing a similar state in some persons,

when taken in large quantities and if it does not correspond to a similar state, it is hurtful. Phosphate of lime *is* sometimes curative in children in whom the osseous formation is but poorly proceeding, but not because this crude substance is at once seized upon and placed into position like mortar and brick in a wall, for already some thirty years ago, Dr. Bencke, of London, had shown by careful analysis, that the introduced phosphate of lime is almost entirely discharged again from the bowels; and as to the use of pepsin, there is no other reason than that it produces a kind of digestion in the retort; placed in the living stomach, however, it will often lose its craft, and when it does bring on artificial digestion, it is but a short-lived fun, and its consequences will be no better than those of any other palliation. Bear in mind when dealing with living matter, you have to deal with vital powers, and not with chemicals in a retort. The food we need has been prepared for us by a long series of living action either in the vegetable or animal kingdom. There are but few things we need and take directly from the mineral kingdom, as, for instance, water and salt.

And now let us add briefly yet a few things directly related to diet:

As *moderation* is good in all things, it is good also in eating and drinking. A glutton is as despicable a fellow as a drunkard is; some allow him even the front seat. He looks sleek, to be sure, but does not always carry a beehive in front; he is also sometimes a *she*, munching, on walking the streets, out of a paper bag filled with a whole candy shop. Do you hear temperance people cry: "Woe! woe?" Not a bit of it. And yet this intemperance is not a whit better, neither in a moral nor in a sanitary point of view, than intemperance in drinking. Wherever you find a case of either kind, you will surely have ample reasons to "regulate the diet."

In his "*dietetic conversation*" (*Lesser Writings*, p. 182) Hahnemann answers the question: "What is your infallible guide to the only saving system of dietetics?" by saying: "*Moderation and attention to what best suits your individual constitution in every condition*," and adds: "I will allow a finger to be cut off if this be not the natural religion of the stomach and the only infallible dietetic rule for every one."

Nobody can eat day by day the same kind of food for any length of time; we get tired of this sameness; the stomach revolts against it and craves for something else; the system evidently requires different kinds of food. This Hahnemann

calls *the instinct of the stomach.* He gives several good examples in the essay above quoted, the whole of which I recommend you to read. "If we would only study this voice of nature often enough," he says, "and in a perfectly unprejudiced manner, we would obtain a great facility in understanding its feeblest manifestations; we should be enabled thereby to escape a large number of diseases, and in many cases to attain to long life without difficulty" (Ibidem).

And especially will such careful attention to this "small voice" of nature be of greatest use to the physician in treating disease. How often do we hear at the bedside a longing expressed for beer, an orange, an apple, a peach, a salted mackerel or some other things. I usually yield to a desire of this kind, if no particular reasons forbid me to do so; its gratification may in itself be capable of correcting diseased functional disturbances, and the particular craving may point out to me the proper remedy in the case.

But this rule holds good only in *acute* disease. In *chronic* diseases, cravings must be viewed with great suspicion, and in most cases sternly refused, if we do not want to feed the animal which we intend to kill. To this class belong cravings for coffee, tea, whiskey, wine, beer, sugar, confectioneries, salt and so on ad infinitum, any of which may be the real basis upon which the whole train of disturbances has grown up. The most characteristic effect of these things when allowed or indulged in, you will find to be a short palliation of the existing symptoms with following falling-back into the old miserable state; even the best selected remedies you will find inefficient, or only temporarily ameliorating, if you are not able to eradicate the cause by strict diet.

For special rules in diet in special diseases I refer you to the books relating to this subject, and true to my promise I shall not annoy you any further.

ALCOHOLIC BEVERAGES.

BY GEO. F. FOOTE, M.D., STAMFORD, CONN.

At the last meeting of the Am. Ins. of Hom., several papers were presented, and were published in the transactions, both for and against the use of alcoholic drinks.

That this should be a question about which there is diversity of opinions, or, that medical men, should take sides with opposing ardor, amid all the light brought to bear upon it,

by modern science, practical modern illustrations, with manifestations so apparent, that he that runs may read, is a fact perplexing to some of the profession at least.

In one of these papers, the writer utters the truism, that "we gain knowledge by comparison," and there modestly applies the term *fanatics* to those, who treat this subject from a stand-point different from his own. Starting off with a pledge to "avoid extremes," he promises to enlighten us upon what is "both useful and disastrous," as an effect of this powerful agent. Then, we are reminded, that alcohol is a product of fermented sugar; and we are also informed of the unknown fact, that the human system is a fermenting tub, for the conversion of sugar into alcohol, "during the process of digestion." Exact amount in each particular case, unknown. But observation has enabled the writer to "draw certain conclusions," viz., that women and children "are extremely fond of sweetmeats and food containing saccharine matter," and are in consequence, the true patron of home industries in this line," which being interpreted, signifies that women and children by some vital process convert sugar into alcohol, to be assimilated, while masculinity in the shape of men (no other animal) "take their alcohol already prepared by artificial means." Therefore, conclusions from these observations, result in the astonishing fact, as shown by observation, that women and children are to be fed on sugar and men on whiskey as its equivalent; now, with all respect to the writer, and his high position, I must take issue with him upon his premises and conclusions.

I deny the allegation that alcohol is a food, or in any way enters into the elements that form the animal economy; or, that it in any permanent sense, acts as a "reinvigorating balm and strengthening draft," or that it has any "duty to perform" as a beverage, or as an anodyne to induce sleep. And I deny that alcohol is a product of any vital force from within a healthy organism in a normal state of activity, or that it is *assimilated*, as a food agent, to replenish waste tissue. Alcohol when taken into the system is rapidly distributed to all parts of the body, stimulates and excites to increased activity, by its presence, and by catalyses, while it checks the retrograde metamorphosis of tissue. It is alcohol when it enters the system, and it is still alcohol when it is thrown out of the system through the excretory organs without loss of volume, leaving the system in a state of depression corresponding to the amount of exaltations produced by its presence. Digestion

within the healthy human stomach is not fermentation, therefore does not produce alcohol.

The food we eat disintegrates, and undergoes a dissolving process by vital action, converting it into chyme, and thence into blood, duly charged with the sustaining nutriment for assimilation, in every part of the animal economy. There is no whiskey, lager beer, absinthe, or other alcoholic poison, manufactured by this process; no one with the most delicate test, has ever found alcohol, as a product of digestion in a healthy human stomach. If found in the cadaver, it was placed there by imbibition before life became extinct. Or if traces have been found in the bodies of those who have never taken alcoholic poison, it has been the result of the decomposing ferments following dissolution. The love for alcoholic beverages is without doubt artificial, and when once formed is never fully satiated but by repeated augmentations.

How much the opinions of the advocates of these beverages are influenced by personal pathogeny, is not within the province of the writer to decide. But there is a side to this question concerning which but little is generally known or thought of, and upon which the writer may venture an opinion.

What is alcohol? A product of fermentation is the ready answer. But what is fermentation? For the solution of this question we must call to aid the revelations of the microscope. If on a bright sunshiny day, we admit through a small aperture, the direct rays of the sun into a darkened chamber, we shall see in the pathway of these rays, myriads of particles, reflecting the light. The atmosphere of the room which in the broad open light, seemed to be clear and bright, is shown to be full of dust. It is estimated that some fifty per cent. of this apparent dust are the germs, eggs, or seeds of the different kinds of ferment, of microscopic growth. The one, to which our particular attention is directed, is the egg of the yeast or alcoholic ferment, and is known to scientists as saccharomyces, or torula cerévisi.

The vast myriads of these floating germs of organic life are driven about by every breath of air, filling every room and space, ever ready to drop into any liquid containing sugar and nitrogenous matter, that is exposed to atmospheric contact. In this they feed, grow, and increase into multiplied myriads of organic existences. A satisfactory view of these infinitesimal organisms and propagations obtained by placing upon a slide, that has a small excavation upon its surface, a drop of grape juice or wart, carefully covered with the thinnest scale of glass,

to prevent evaporation, properly adjusted under a microscope of 600 power, within a room where the temperature is constant at 80 or 90 degrees (F.). Within a few hours, the torula germs, which at first are barely discernible in the field offered by the microscope, are seen to enlarge to the apparent size of a small pea. These discs or cells in appearance are like small soap bubbles, a trifle elongated, with a nucleolus shown by a bright spot at one side of their centres. As soon as these have attained their full size, they throw out from their surface single buds, and sometimes two, three, or four, which rapidly enlarge to the parent size, when each separates from the mother and, with maternal instincts, continues the prolification with a numerical celerity that baffles all computation. In this field is brought to view with great interest the development of the lower forms of organic existences.

Further investigations show, that with the increase and existence of these torula, the sugar and albuminous substances disappear, and in their stead we have an equivalent of carbonic acid, alcohol, fusil oil, and traces of other acids.

These yeast-cells as they grow and multiply by gemmation, require food, the same as other organized beings, and it is evident they consume the sugar and albuminous matter. They are organized beings, consuming organic matter. Now it is a well known fact that while vegetables derive their nourishment from inorganic matter, all animal existences derive theirs from that which is organized. The torula then, living and multiplying with the consumption of organic matter, must possess animal life, though of microscopic size. If possessed of animal life, devouring food adapted to animal existences, they must, like animals, excrete the full equivalent of what they consume. In connection with the process of fermentation, no other additional substances are found, than are herein enumerated, about one-half of which is returned to us as proof spirit; the balance in the form of carbonic acid, fusil oil, and yeast cells.

What then is alcohol, but the excretion of an animal? And is it by reason of its microscopic origin, less offensive in massive doses to the physical and mental organization, than the excrements of animals of more ponderable size?

In view of these facts developed by scientific research, in view of the well known poisonous effects that follow its use in appreciable doses, is alcohol in such doses a fit and proper article in any of its guises, to be given as a beverage or medicine?

own excretions. But these are sad cases of dementia. And poor humanity oftentimes degrades itself by consuming these torula excretions with, for a time at least, similar states of dementia. But what shall we say of a doctor, who writes clever articles for the Institute, advocating the use of alcoholic poisons, this duplicate of that which expresses filthiness, as a fit beverage for the sick or well?

Echo, with a blush, refuses to repeat the interrogatory.

SARSAPARILLA.

BY J. C. GUERNSEY, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

In a paper which I had the honor to present for the consideration of this learned body a year ago, I drew attention to *Calcarea phosphorica*, stating, as my reason, that it was a remedy which I seldom saw mentioned in our journals as a curative agent. Almost for the same reason, I now offer Sarsaparilla, with the only difference that I but seldom see it accredited with cures outside of a certain physiological range, to wit, bladder and kidney troubles. Of course it ranks high in this department, as many a tortured victim, writhing in agony while vainly wrestling to throw a stone, can testify when his sufferings have been allayed by a few doses of that champion stone-thrower,—*Sarsaparilla!* So faithful and reliable a worker is the remedy in bladder and kidney affections, that our routine friends have relegated it almost entirely thereto, and rarely think of exhibiting it in numerous other cases where it is willing and able to accomplish fully as much good. Let us briefly recapitulate some of its leading or eminently characteristic symptoms in its entire curative range.

Mental.—Here we are confronted with a symptom similar to that of Oxalic acid, which is,—"thinking about his pains causes them to return or to grow worse." So, under Sarsaparilla, we find,—the thought of the food eaten causes loathing; thinking of the food, nausea; thinks she cannot bear the headache. Sometimes we may find great cheerfulness and exuberance of spirits, but oftener there is moroseness, a disinclination and inability to perform any mental labor; easily vexed and at trifles.

Head.—Internal: There is much headache, with or without nausea and vomiting; the chief parts of the head affected are

forehead, temples, vertex, parietals, occiput. Sense of heaviness, of weight, of pressure, of overpowering dulness. Stitching pains. Much vertigo, which may occur very suddenly.

External: Falling off of the hair in old syphilities, or from the effects of Mercury. Great itching of the scalp. *Crusta lactea*, beginning with little pimples on the face, compelling the child to scratch; if the parents have tetter, crusta serpiginosa, with widely-spread inflammation of the skin, making the child very impatient; in the open air the crusts fall off, and the new skin cracks or bursts. Plica polonica.

Eyes.—Dimness of vision; obscuration of the sight as from a mist. Itching eruption on the eyelids.

Ears.—Itching, burning scab on ear lobe. Noises in ears like reverberation, or bell tolling.

Nose.—Epistaxis; sneezing; coryza, dry or fluent; complete stoppage of nose, which may have lasted even for years; itching eruption in, on, or under the nose; hard crusts from nose.

Face.—Eruptions, like milk crust; itching, burning, becomes moist on scratching; pimples of all sorts and sizes; great heat and burning of face. Sweat on forehead in the evening in bed. Pain in the jaws.

Mouth.—Toothache; stinging pain in gums; blisters on tongue; aphthæ, often mercurial, on palate and tongue. Bitter taste in morning.

Throat.—Tough phlegm, which hawking is unable to dislodge. Sore throat, with inflamed spots on soft palate, which soon destroy it. Contraction of throat, with dyspnœa; must loosen shirt collar. (*Lachesis:* Collar seems too tight.)

Stomach and Abdomen.—Loathing at thought of food eaten; eating even a little distends stomach as if had eaten great deal (*Lycop.*); also, feeling of emptiness, as if had not eaten at all; much nausea; cutting and colicky pains; rumbling, with sense of emptiness in abdomen; burning or cold feeling in abdomen; external abdomen very sensitive to pressure (*Apis*). Consumption of bowels.

Stool and Anus.—Obstinate (chronic) constipation, accompanied with intense desire to urinate; pressing down with weight, as though contents of abdomen would be forced down and out; stool small, during which, violent tearing and cutting in rectum; afterward the same symptoms recur. Diarrhœa after every kind of food which disagrees with the stomach; diarrhœa with fainting away, with blood.

Poor humanity sometimes degrades itself by consuming its

Kidneys and Bladder.—I will here quote bodily in C. Hering's own words:

"Nephralgia, for years constant complaining, but in attacks the most excruciating pains from the right kidney downward; many cases. Chronic nephritis. Colica renalis, passing sand. A woman suffering with gravel, passed, while day and night she had not an hour without wanting to make water, a quantity of sand, weighing three-quarters of a pound; before Sars., she had taken Sulph. A man, between twenty and thirty years, after he had several times, about once a year, undergone the operation of crushing a stone in his bladder, suffered the preliminary symptoms. *Sarsap.* and Zincum, in alternations of six or seven weeks, prevented the further formation of any more gravel." Small stones are expelled from the bladder. Stones in bladder and kidneys. Stones in bladder, and blood with the urine. Gravel of little children; sand in the urine or on diaper (Lyc.); child screams before and while passing it. Tenderness and distension over region of the bladder; pain and cramps in the bladder, particularly with a painful urging and burning; tenesmus.

"Horses: The main medicine in gravel, twice a week, until the passage of slime and gravel increases; wait until it lessens again, and the horse is less animated, then continue the same way. Violent spells require *Acon.*, *Arn.*, Uva ursi." (Brauns.)

Urine.—Frequent urging to urinate; must get up two or three times a night to urinate; frequent discharge of pale, copious urine; urging to urinate, with urging to stool, in obstinate constipation; painful retention of urine; thin, feeble stream, or in drops; copious, slimy sediment, with cloud on it; scanty, slimy, flaky, clayey, sandy. Air passes from urethra with urine. Urine passes toward the end mingled with blood or pus, after which the pain ceases. Almost unbearable pain at conclusion of urination; pain at meatus urinarius with women.

Sexual Organs.—Male: Rheumatism from suppressed gonorrhœa, or when gonorrhœa has been checked from exposure to wet and cold weather. Offensive odor of genitals. Seminal emissions; lascivious dreams; any excitement causes emission even with no pleasure. Bloody pollutions. Old, dry sycotic warts remaining after mercurial treatment. Syphilis. Bone pain.

Female: Menses too late, scanty, and acrid, preceded by urging to urinate. Urging to urinate on appearance of menses, followed by cessation of this urging when the flow becomes firmly established. Leucorrhœa on walking.

Breathing.—Spasmodic asthma. Shortness of breath. Must loosen necktie to breathe easier.

Neck and Back.—Emaciated, shrivelled neck, particularly with children (similar to Nat. mur.). Induration of cervical glands from abuse of mercury. Marasmus of children. Shooting stitches from the back through to chest, worse on motion. (Sulph. has exactly the reverse,—stitches from chest through to back, more at rest.)

Extremities.—Rheumatism, bone pains, after Mercury or checked gonorrhœa. *Hands:* Much sweat of; rhagades; tetter; pain of tips of fingers on pressure, as if ulcerated, or as if salt were put on a wound; sides of fingers burning; fingers burning under the nails, with itching. *Legs:* Weariness in the thighs and knee-joints; rheumatic pains in feet at night; pains of shin bone; icy-cold feet before going to bed; rhagades of feet; mercurial pains; gout.

Skin.—Is of general use in skin affections, as, other symptoms agreeing, cracks, tetter, itching eruptions, scaling, skin does not heal, hard skin, red or blue spots, syphilitic or mercurial eruptions, warts, boils, furuncles, milk crust, etc.

Worse.—On motion; ascending; sometimes when sitting down after walking; at night; before morning; in the cold; while urinating; worse in cold wet weather.

Better.—From warmth; in the evening.

Sarsaparilla is more often indicated in spring and early summer than in fall and winter; is frequently of use after abuse of Mercury and bad effects of suppressed gonorrhœa. Sarsap. and Sepia follow each other well.

Remedies following well: Bell., Merc., Phos., Sepia, Sul. Antidotes: Bellad., Merc.

AURUM FOL. IN NASO-PHARYNGEAL AFFECTIONS.

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Aural Symptoms.

Hearing.—Oversensitive to noises (Hyperacusis Acon.)—Hardness of hearing (Hypoacusis); from elongation of the uvula, with difficulty of speech. Difficult hearing with annoying dryness in the ears and nose. Dysecœa, when due to congestion, or when caused by the abuse of Mercury (Hep., nit. ac.).

Abnormal Sounds.—Roaring and humming in the ears, especially in the early morning hours. Ringing, whizzing

and tolling of bells (Aur. fol.). Roaring followed by dysecœa, as if the interior of the ear were expanded and empty (aur. mur.). Constant ringing in the ears (Aur. sulph.).

Sensations and Pains.—Burning, pricking, itching; boring pain behind the ear. *Burning* and beating in the ears. Tension in the ears. Crepitation in the left ear. Drawing pain with the otorrhœa. Pain in the ears, as from internal tension (Aur. fol.). **Burning* and itching behind the ears, especially at night (Aur. mur.). Burning and *stitches* in the ears (Aur. sulph.). Deep cutting pain in the ears (Aur. sulph.). Sensation as if ears were open (Aur. met.).

Adjacent Parts.—Transudation behind the ears (Aur. fol.). Scabs behind the ears (Aur. mur.). *Caries of mastoid process* and *ossicula*, especially after the abuse of Mercury. Swollen parotids, painful to touch, as if contused.

Discharges.—Purulent, fetid obstinate otorrhœa. Discharge of ossicles (in caries)—exceedingly offensive with drawing pains, worse at night and from cold applications, better from warmth (Rounds). Yellow, profuse, offensive (Richards).

Naso-pharyngeal Symptoms.

Smell.—Exaltation, everything smells too strong (Coffea, Bell., Hep., Lyc.), but *want of smell* is more characteristic. Smell, vapid—of rum—*putrid*, especially when blowing the nose.

Nose.

Sensations and Pains, etc.—Burning (Aur. m.), itching, stitching (Aur. sulph.), and smarting in the nose—*feeling of soreness*, especially when touched. Osteocopic pain in the nose when touched. Stinging biting pains in bones, worse at night (Merc.). Pricking and corrosion inside, itching and smarting outside. Inflamed pimples on the nose. *Inflammatory swelling and redness of nose*, followed by desquamation. Dark, brown-red, slightly elevated spots on the nose, *painful when touched. Caries* of the *nasal bones* (Calc. ost., Merc.). The *right nasal bone* and the adjoining part of upper jaw, are *painful to touch*, especially at the place where the infra-orbital nerve comes out. Boring in left side of nasal bone, towards the maxilla. Jerking pain in septum from above downwards. *Ulcerated, painful nostrils* (Nit. ac.), covered with thick

* According to Dr. Molin, of France, in Aurum foliatum and muriaticum, the burning predominates, while, in the sulphuricum, the stitching is more prominent (Gacet. Homœop., page 185, Madrid).

crusts, which impede breathing through the nose. Soreness underneath the scabs. Swelling of the connective tissue beneath the mucous membrane—red swelling of left nostrils—deep cracks in the alæ nasi—lupus attacking the alæ nasi. The nose feels obstructed as in dry coryza, yet air passes through freely—furfuraceous desquamation of the epidermis of the nose—tip of nose "*knobby*," red—frequent sneezing. Pains in nose in sunlight—pains with flow of tears—pressing pains in nose.

Adjacent Parts.—Violent lacerating pain in the malar bones. Inflammation and swelling of the bones of the face. *Caries* of the cheek bones, with boring and tearing. *Burning* stitches in the zygoma. Tension in the malar bones and ears. Drawing, tearing in left side of face. Pain above the nose, with redness and swelling. Swollen ulcerated lips, in scrofulous subjects.

Discharges.—These may be *fluent*, thick like white of egg—or of greenish-yellow, offensive pus—half-watery, half-dry, fetid pus—or thick yellow (Aur. mur.)—or bad smelling, watery irritating the upper lip (Aur. mur.)—or yellow purulent and bloody mucus (Aur. mur.).—*Mucous discharge from posterior nares. (Hering).—Discharge of stinking ichor and small pieces of bone (Frost).

Fauces and Pharynx.—Salivation—fœtor in the mouth; smells like old cheese. Tonsils, red, swollen, ulcerated. *Ulceration and caries of the palatine bones*, with boring pains. Profound ulceration in throat, tongue and gums. Mercurial ulcers; itching, shooting and *burning*. Stinging soreness in throat, only during deglutition. Difficult raising of phlegm. Dull, pressive pain, with or without swallowing, in a gland below the angle of the jaw. Painful swelling of the submaxillary glands. Swelling of the cervical glands.

Accompaniments.—*With dysecœa:* Congestion of blood to the head—elongated uvula—difficult speech—annoying dryness of the ears and nose—roaring precedes the difficulty of hearing—boring pains behind the ears. *With tinnitus:* Congestion and a sensation of expansion and emptiness in the ear. *With otitis:* Fetid discharge; swollen, painful parotid; drawing pains. *With caries:* Ichorous discharge—of ossicula—of small pieces of bone—soreness of adjoining parts—excruciating boring pains—melancholia—great despondency. *With ozæna:* Loss of smell—ichorous, watery discharge, irritating upper

* According to Dr. Molin, of France, the coryza of *Aur. sulph.* is dry.

lip—fœtor—severe frontal headache—pain above the nose with redness and swelling—great tenderness—*suicidal mood. With coryza:* thick, albuminous discharge—frequent sneezing—flow of tears. *With syphilis:* Swelling of bones—periostitis—exostosis of the skull—caries—necrosis—ozœna—pain in the bones of the head as if broken, worse at night—heat of head—the bone pains awaking him and making him suffer so that he despairs and longs for death—hypochondriasis with suicidal mood. *With hydrargyrosis:* Ptyalism—fetid breath—erethistic fever with diuresis and sweat—deep mercurial ulcers in fauces, tongue and gums—black, loose teeth. *Respiratory symptoms:* Voice nasal, husky as if he had a cold—dyspnœa—congestive asthma—cough with tough, yellow sputa on awaking in the morning. *General concomitants: Melancholia*—disposed to weep—*suicidal mood—weary of life*, with longing for death—apprehensiveness—full of fear—dread of death (Acon. Ars.)—despair—religious mania—tremulous agitation and oppressive anxiety—whining mood—*inability to reflect*, with headache after making the least mental exertion—biliousness—falling of hair—*rush of blood*—roaring in the head—sparks before the eyes—rotatory vertigo on stooping, goes off on rising, feels as if he would fall to the left—tearing headache, deep in forehead and temples, better in the open air—palpitation of the heart—violent orgasm—plethora—constipation—grayish, ashy stools—piles—colic with much flatulence—turbid urine, like buttermilk, with a thick sediment of mucus—swellings resembling those produced by mercury—formication all over the body—induration and swelling of the testicles—painful swelling of glands—mercurial cachexia with nocturnal bone pains.

Aggravations.—Roaring and humming worse in the early morning.—The otorrhœa, ozœna, osteocope, etc., worse at night and by cold application. *General:* at night—in the morning—from cold—while reposing at night the warmth of bedclothes is intolerable.

Amelioration.—*General:* from motion—from walking—from warmth—indoors.

Adaptation.—To light-haired, scrofulous subjects, with sanguine temperament, ruddy complexion, red, knobby nose-tip—to corpulent, old people—to anxious and despondent, *melancholy* and depressed individuals, with attacks of *anguish* and *despair*, with *inclination to commit suicide*—who loathe life and long for death—*atra-bilious and quarrelsome*—with *irresistible desire to cry or weep*—with *rash anger and vehe-*

mence—in whom the least contradiction excites wrath—who have a very scrupulous conscience—with religious exaltation, especially if caused by remorse after a violation of duty—persons who, when in great anguish nurse the *idea of suicide*—who, although taciturn, are sly, but pusillanimous—who are uneasy, and have a hurried desire for bodily and mental work, etc. It is suitable, besides, to *syphilitico-mercurial affections*, especially of the *nose* and *ears*—*syphilitic* and *scrofulous ozæna*—scrofulous otorrhœa—*caries* of the *nasal*, *palatine*, *mastoid*, and *ossicular bones*—exostoses of the skull and other bones—to cases attended by *rush of blood* to the head and chest—or by *scrofulous and mercurial glandular swellings*—or by *boring nightly bone pains*. To *catarrhs* which appear only in winter.

Therapeutic Applications.

It is an undisputed fact that the action of *Aurum* upon the osseous, glandular and mucous tissues vividly pictures a condition quite analagous to that resulting from the abuse of mercury, or from the combined influence of *mercury* and *syphilis*. The prolonged use of massive doses of *mercury*, especially in the treatment of *syphilis*, brings about a condition of depraved nutrition commonly known under the name of *mercurialization*, and when the poison is pushed obstinately and persistently, the case so treated may terminate in death, by gradual dissolution, by destruction of the organic tissues, or by paralysis of the heart and centres.

Such may not be the result now, since the old-school, in which alone harm was done, has adopted a more conservative and judicious treatment; but it cannot be denied that in bygone days, when homœopathy was in its infancy, this lamentable end was brought about, and caused many a physician of the opposite rank to discard as dangerous a drug which, when properly applied, experience has shown to be a blessing to many victims of this terrible malady.

Nevertheless, we have yet to confront milder grades of *Hydrargyrosis*, states of denutrition highly detrimental to bodily and mental vigor, with a tendency to catarrhs and other more severe troubles. It is precisely on such a soil that *Aurum* shares honors with *Acid nit.*, *Asafœt.*, *Cinchona*, *Iodium*, *Kali jod.*, *Hepar*, *Mezer*.

A prominent reformer of the old-school thus speaks of mercury: "Mercury was formerly indiscrimately administered in all the forms and stages of syphilis. Given in enormous quantity, the constitutional effects sought to be produced were

very serious. The bad effects undoubtedly resulting from the too free administration of the drug have led many to discontinue its use in syphilis, and even to attribute to the pernicious influence of mercury many of the more serious diseases, as destruction of the bone, etc., formerly met with in syphilitic patients. It has even been denied that these graver lesions are ever produced by syphilis.

"There is much to countenance these views; for it is singular how similar the phenomena produced by mercury are to those which result from syphilis. It is fairly shown, I think, that the serious secondary and tertiary symptoms laid to the charge of mercury, can undoubtedly be produced both by it and by syphilis, so that the salts of mercury given too freely, for too long a time, or under improper circumstances, inflict great harm by aggravating the disease they were intended to cure."

While Dr. Ringer thus speaks, Dr. Jonathan Hutchinson of the same school in one of his propositions, which the same Ringer quotes, asserts that, in order to secure the antidotal efficacy of mercury against syphilis, it is desirable to introduce a considerable quantity into the system, and to protract its use over a very long time.

This clearly explains why we have to deal yet with even severe grades of *Hydrargyrosis*, against which *Aurum* is one of the principal remedies.

Aurum is a drug which studied in its relation to the throat alone, does not present definite objective symptoms, but if, as homœopathy teaches, we take into account the general constitutional ones, such as the characteristic *suicidal mood*, *weariness of life*, *desire of death*, etc., then we will find its range of usefulness greatly multiplied. Especially so in advanced specific affections of the throat and nose, where such state of the mind is commonly present.

There is a condition called *atrophic catarrh* invariably found in workmen employed in *bichromate of potash* works, which also causes perforation of the *septum narium*, and in which *Aurum* is seldom indicated. But when both secondary and tertiary manifestations of syphilis are present, such as inflammation, papules, patches, gummata, ending in indolent, foul, deep ulcerations (Kali bichr.), destruction of the septum, deformities, fœtor, boring bone-pains, with the *despondency* so characteristic of this drug, then no remedy can rival it, especially if the patient has been *salivated*, and presents features of *mercurial cachexia*, or if the trouble has been developed in a *scrofulous soil*.

Here I must say again, that, as the destruction of tissue and loss of substance in the nose caused by specific ulceration often extends into neighboring regions of which the pharynx and fauces are the most accessible, I do not see any reason why, if the mental symptoms are present, Aurum should not be as beneficial in *syphilitic sore-throat or pharyngitis* as it has been in *syphilitic ozæna*. The throat besides is the seat of secondary symptom of syphilis, and as this is a condition highly aggravated by the abuse of *mercury*, when such is the case, I do not know how we can dispense with *Aurum* here. And again the *palate bones* upon which *Aurum* so powerfully acts, assist in the formation not only of the floor and outer wall of the nose, but of roof of the mouth, so by continuity of tissue, the oral space may become involved in a destructive process, which starting at the nose has not a limited zone of extension. (See Helmuth's *Surgery*, page 177.)

Consequently I think that no matter where the disease extends, either upwards or downwards, involving adjacent or subjacent tissues, if there is a history of syphilis or mercurialization, and the pathological process is attended by depression of spirits, disposition to suicide, etc., *Aurum* will always be a remedy of prime importance.

I am unable to give any information derived from my own experience, but this much I can say, that if we analyze all the cases in which *Aurum* has proved curative, it will be found that the local symptoms have been a secondary matter in its selection, while the constitutional, have almost always been the key-notes to its employment. And it could not be otherwise because cures, homœopathically speaking, can never be effected without prescribing for the totality of the symptoms.

"If this were not so (said our lamented Dunham), in the presence of how many maladies, of the intimate nature of which we are wholly ignorant and which nevertheless we cure, should we be utterly powerless for good."

"How otherwise (repeats the same authority) could we cure *lupus, cancer, ulcers;* for these do not occur in provings!"

This is a fact not to be lost sight of as it enhances greatly the range of application of drugs, which, like *Aurum*, present so marked general constitutional symptoms.

To close my remarks on this drug, I will say, that of parts we are considering, it is first on the *nose* and secondly on the *ear* that it has shown thus far, its curative value, and for diseases of these organs it has been and is still recommended by our best authorities.

Literature.

Chronic Otorrhœa.—Caries of the ossicular tympani; they come from the ear. Chronic inflammation and nightly bone-pains; *chronic otorrhœa*, with buzzing noises, and very sensitive to sounds; music relieves. (Burt.)

Otorrhœa.—Fetid discharge; caries of the mastoid process and ossicula; after the abuse of mercury. (Raue.)

Otitis Media suppurativa chronica.—*Aurum mur.* is useful in cases with a suspicious history. Caries of the mastoid process, when the discharge from the ear is exceedingly offensive, accompanied by *drawing pains, worse at night. Relieved* by *warm* and *aggravated* by *cold* applications. Peevish and melancholy; an extremely offensive nasal catarrh is a usual concomitant. (Wm. E. Rounds, H. M., November, 1877.)

Catarrh of Middle Ear.—Congestion. Roaring. Oversensitiveness to noises. Obstinate, fetid discharge. Membrana tympani may be perforated. Mastoid process affected (by continuity of tissue); often with boring pains. Parotid sore, as if contused. Syphilitic or mercurial history. (Farrington's Lectures.)

Otorrhœa.—A little girl, aged 4 years, of strumous diathesis, had otorrhœa immediately following an attack of scarlet fever. Both ears were affected, the right one worse. The discharge was yellow, profuse, and very offensive. Prescribed *aur. fol*^{6}, four times a day. In a few days a marked improvement commenced, and in about four weeks, the discharge ceased. (Richards, H. World, April, 1870.)

Coryza.—Thick discharge, like white of egg, with frequent sneezing. Snuffles of a baby; pressing pains in the nose; deep cracks in the alæ nasi. (Hering.)

Nasal Catarrh.—Suits the bilious patient, especially if left side suffers—blows out blood—much headache—constipation—piles—mucous discharge, posterior, in the morning—internal soreness of nostril—frequent sneezing—caries. (J. C. Morgan, H. M., December, 1872.)

Nasal Catarrh.—Caries of the nasal bones—discharge of fetid pus, from the nose. Fetid odor from the nose. Very sensitive smell. (Lippe.)

Chronic Nasitis.—Red swelling of left nostril—nasal cavity ulcerated deep in, with dry, yellowish scurf, and sense of obstruction—blows blood and pus from the nose. (Hz. in Burt's M.M.)

Chronic Catarrh.—With inability to breathe through the nose, with ulceration of nostrils, loss of smell and great de-

spondency, may be benefited by the use of gold, particularly if there is syphilitic taint, inherited or acquired. In *Ozæna* especially if it depends upon scrofulous or syphilitic dyscrasia, this remedy is of the highest importance. The special indication for the drug would be the mental condition, the destruction of the cartilages and bony tissue, a condition found in the graver forms, and favored in its development by the specific virus. (Hempel and Arndt.)

Ozæna.—A thick, yellow, half-watery, half-dry discharge is blown from the nose; fetid odor from the nose, loss of smell, especially in *ozæna syphilitica*, with discharge of bloody pus; yellow ichorous crust over the alæ nasi; the nose, forehead, and upper part of the face red and swollen. (Helmuth.)

Ozæna.—Scrofulous or syphilitica, with unbearable odor; bad smelling watery discharge, irritating the upper lip. (Hering.)

Ozæna.—The nose is congested and has a red, knobby tip, such as we find in scrofula. The tissues are swollen and the nostrils crusty and sore, with fetid discharge and caries of the nasal bones. Cannot breathe through nose on account of nostrils being agglutinated. Syphilitic or mercurial in origin. (Farrington's Lectures.)

Ozæna.—Excessively fetid discharge; severe frontal headache; caries of nasal bones; right nasal bone and adjoining parts of upper jaw painful to touch; putrid smell when blowing nose; ulcerated, agglutinated, painful nostril, cannot breathe through nose. (Lilienthal.)

Ozæna.—Mrs. T., aged 30; bilious; frequent attacks of sneezing; left nostril sensitive, subject to small, painful sores inside; blowing out blood; much headache; constipation, internal dry hemorrhoids protruding during an evacuation, returning spontaneously; mucus passes from head to throat in A. M. *Aurum mur.* cured. (W. M. Williamson, T.H.M.S. of Pa., 1872.)

Ozæna.—Maiden lady about 30 years; auburn hair and of rather light complexion; blue eyes, and freckles easily; of scrofulous habit as goitre has appeared in family not remote. Had an ozæna which has troubled her for a number of years. Voice is nasal and nose feels obstructed, though air passes through the passages freely; power of smell very obtuse, almost wanting, except the unpleasant odor she detects when blowing the nose. Discharge exceedingly fetid and more in the nature of crusts than fluent. Is melancholy and has little confidence in herself. Thinks herself disgusting and that

others do not want her society; is weary of life and easily fatigued; contradiction excites her opposition, which she is not slow to express. *Aurum* 200, an occasional dose, removed the secretion of scurfs, all of the unpleasant odor and greatly improved the general health in a few weeks. Voice was much improved though not quite free from a nasal tone. (G. N. Brigham.)

Ozæna.—A married lady, suffering from great general debility and loss of appetite, but chiefly complaining of heat and burning pain in the nostrils, with great pain over the frontal sinuses; obscure vision and pain in the eyes, which are much inflamed; there is a profuse discharge of sero-purulent matter gluing the lids together; she has a copious discharge of yellowish-green pus from the nostrils, of a very fetid odor, and she soils five or six handkerchiefs daily. All the lining membrane of the nose is red, much swollen, and has many small ulcerated points on it, especially along the septum on both sides, she cannot breathe through the nostrils. After having taken *Arsenic* which only improved the condition of the eyes and general health, the administration of *Aurum* 1 continued for nearly two months cured the case. (Dr. Chalmers.)

Ozæna.—A dwarf aged 16 years, with large head, joints tumid, long bones curved, whose family was scrofulous, the father having died of phthisis, has ozæna of four years' standing. The offensive matter runs over the upper lip, is sometimes greenish or yellowish, and is so acrid that it excoriates the skin. The smell is so offensive that no one can go near her, and she uses 20 handkerchiefs per week. The mucous membrane of the nose is red and inflamed, and she perspires profusely every night from the middle of the body downward. *Aurum* twice a day was prescribed. She improved considerably in three weeks. After the continued use of the drug she gained greatly, using four or five handkerchiefs in fourteen days, instead of fifty, as formerly. But there is now, four months later, no purulent discharge, no smell perceptible, unless after taking cold. General health is excellent. (Dr. Harper.)

Ozæna.—A man, 38 years old, has suffered for a long time from burning in the nose and in the facial bones; the nose is collapsed, the septum destroyed, the gums full of ulcers and inflamed; cannot take fluids, because they are immediately discharged through the nose; his speech is not intelligible; all the symptoms are worse at night, cannot sleep at all. Two doses of *Aurum* 6th one grain each, were followed by the discharge of two pieces of bone and a cure in three weeks. (Ruprich in Allg. Hom. Zeitg., xxix.)

Ozæna.—Man, æt. 46, with syphilitic caries and ozæna, has been under homœopathic treatment three years without benefit. Talked of *committing suicide* and did actually attempt it. Aurum met. 30 cured in about two months.

Chronic Catarrh.—S., aged 19, has had chronic catarrh for many months, and received but little benefit from former treatment. The patient is unable to breathe through the nose at night and sleeps with mouth open; smell lost; nose is full of ulcers; nose is quite sensitive to touch. No signs of syphilis, and no syphilitic history. Aurum met. 30 cured in a few weeks. (Hoyne.)

Nasal Catarrh.—B. T., aged 11 years, light complexion; a bright, active, amiable girl; has had nasal catarrh from infancy. When first brought to me, she presented the following symptoms: The nostrils were filled with large, yellow, thick, soft scabs; occasional and at times profuse discharge of thick yellow matter, sensitiveness of the nose to touch. For a year past there has been a thick, creamy discharge from the right ear, not constant, with hardness of hearing. Her breath, the nasal discharge, and at times, the discharge from the ear were *exceedingly offensive*, sufficiently so to make the presence of the child in a room almost unbearable. The gums were thickened, sore near the teeth and bleed easily. Excessive fœtor was the prominent symptom of the case; the patient herself seemed wholly unconscious of it. After the use of sulphur and pulsatilla, each given for some weeks, she received *Aurum mur.* 12 and was permanently cured in about three months. (H. R. Arndt.)

Constitutional Syphilis.—*Aurum* is very useful in ulceration of the mouth, and nose, secreting fetid pus, or for scabs in the nose, provoking an inclination to pick. This remedy is one of the most valuable when the disease is complicated with *mercurial symptoms. Gummata and exostosis* in cases of mercurial poisoning, or when the head and face are the chief seats of the disorder, especially when the nose is implicated. *Caries and necrosis*, when there is nasal speech, the bones of the nose, os frontis and upper jaw swollen and reddened, with discharge of stinking ichor and small pieces of bone, ulcers on palate, and offensive discharge from the ears, and rending pains in the bones of the extremities. (Berjeau.)

Scrofulosis.—*Scrofula*, ruddy complexion, light-haired, sanguine temperament; glands painfully swollen. *Ozæna*, with caries of nasal bone. *Fetid otorrhœa* from caries of mastoid process. *Caries* of cheek bones; tearing, boring, burning

stitches in zygoma. Red and swollen tonsils, profound ulceration in throat. (Lilienthal.)

Chronic Hydrargyrosis.—One of the affections specified by Hahnemann as cured by him with gold was a mercurial caries of the nasal and palatine bones. The French experience has shown that the action of the metal is closely analagous to that of mercury, causing—as it does—its salivation (without affections of the gums) and its erethistic fever with diuresis and sweat. Thus *Aurum* has come to be reputed among us as a remedy for *chronic hydrargyrosis*; in which we have the support of Dietrich. It is an admirable medicine for those constitutions broken down by the combined influence of *syphilis* and *mercury* which sometimes come before us for treatment. I once gave to a poor fellow thus afflicted the first trituration of gold. He came back to me in a week's time, looking quite another man, and exclaimed—"Surely, you have given me the elixir of life!" (Hughes.)

CLINICAL EXPERIENCE.

BY WILLIAM W. VAN BAUN, M.D., PHILADELPHIA.

(Read before the Philadelphia Medical Club.)

HEREIN is submitted the history of four cases illustrating some points on the treatment of the diseases represented, and especially the importance of differential diagnosis of throat cases. They are as follows:

No. 1. Pneumonia, croupous. No. 2. Acute follicular ulceration of the tonsils. No. 3. Diphtheria, septic variety. No. 4. Scarlatina maligna.

CASE No. 1, *Croupous Pneumonia.*—Wm. G. J., æt. 19 years. A stout, healthy boy; occupation, wagon driver. Between his third and sixteenth year he was subject to frequent attacks of catarrhal asthma. About 3 P.M. of the first day, while driving, a strong draft blowing through the wagon at the time, he was seized with a profound rigor, lasting fifteen or twenty minutes. After the severity of the chill had passed off, he proceeded on his errand, noticing, however, a constantly increasing fever which alarmed him and caused him to return to his home. I called to see him at 7 P.M., found his face flushed, dusky, with an anxious expression, eyes injected, the alæ nasi moving rapidly with each respiration, great restlessness, harsh barking cough which he tried to suppress; complained of an intense headache, worse in frontal and temporal regions, severe pains in the back; muscular soreness generally.

He was distressed by a dull heavy pain in the lower portion of the left mammary region, which was markedly increased on expiration following full expansion; dyspnœa, thirst great for large quantities of water, tongue coated white; skin burning hot, feet cold, temperature 105° F. (under tongue); pulse 130, full, bounding; tension strong, respirations 55 per minute. Auscultation revealed nothing of importance. Ordered patient to bed, with blankets and hot bottles to his feet; crushed ice and milk to quench thirst. Prescribed aconite 3', three doses, at half hour intervals, followed by bryonia 6. in water, every hour.

At 10.30 A.M. of the second day the temperature was 103.8°, pulse 124; respirations 50. Cough of same character as the night previous; slight expectoration of frothy mucus; sharp pains in the region of lower lobe of left lung; dyspnœa; palpation showed slight increase of vocal fremitus. Auscultation, revealed on inspiration, the existence of crepitant râles all over lower lobe of left lung. Mush poultices frequently repeated, were ordered to relieve the pleuritic pains, and the minds of the attendants. Milk, *ad libitum*, bry.[3] every hour. By the end of the third day, the invasion of left lower lobe was complete, the crepitant râles were gone, also the vesicular murmur; bronchial breathing was well established. At 4 P.M. the temperature was 105°; respirations 58 to minute and very shallow; dyspnœa, causing great distress; cough, severe, frequent notwithstanding efforts to suppress; sputum, scanty, viscid, tenacious, of a light brown color, having incorporated with it numerous blood corpuscles. The urine showed diminution in quantity, increase of urea and uric acid with absence of chlorides.

As night approached, the mental symptoms assumed an unpleasant character, increasing rapidly from an occasional wandering of ideas to a wild delirium, in which he struggled and fought to get out of bed. It required three attendants to control him. He continued his exertions until exhaustion rendered him helpless. The struggling however was renewed on a return of strength, continuing, on and off, all night. Bryonia[6], in water, was given at two hour intervals, with one dose of Bell.[30] at midnight.

On the morning of the fourth day, the patient was easier, the excited mental condition had quieted down, the pain in chest was not nearly as severe. Physical examination, showed slight enlargement of mammary region extending down into infra-mammary portion of the left side of chest; movement

impaired, especially expansion; vocal fremitus markedly increased; percussion note dull, almost flat; increased resistance. Respiratory sounds tubular, high pitched; bronchophony, intensified heart sounds.

While the patient could not sleep, he desired to keep very quiet; did not want to be disturbed. At 3 P.M. the temperature was 104.7°; pulse 108, full and strong; respirations 55; dyspnœa still annoying. At 5 P.M. the thermometer began to fall rapidly. At 11 P.M. it stood 102.4°, from this hour it commenced to re-ascend the scale until 4 P.M. the next day, when it reached 103.6°. At this time the general symptoms were about the same as the fourth day excepting an increase in the condition of apathy, bryonia was continued with one dose of phos.[30] as an intercurrent. The crisis was reached at 4 P.M. of the fifth day. In the next twenty-four hours, the temperature fell 5.2° or from 103.6° to 98.4°. The bowels were moved on the morning of the sixth day. During the rapid defervescence a milk punch was given every four hours; the patient had complained of prostration and feebleness. The crisis was attended by an increased (not large) discharge of urine, and an extensive herpetic eruption around the lips. The countenance was bright and cheerful; dyspnœa relieved; respiration, 24; pulse, 78; return of appetite. Urine showed traces of chlorides; said, he "felt good."

On the night of the seventh day, the temperature rose to 99°, the patient was apathetic, drowsy, hard to arouse; thirst; no appetite. On putting my ear to chest, moist sounds were heard all over both sides. The sputum which had not been profuse at any stage of the disease, was much less, and raised but twice in twenty-four hours. One dose of sulphur[30] was given. The next morning I found evidence of a decline in the temperature; it ran down the scale until the night of the tenth day, having reached at that time 97°. Expectoration was freer, and continued so from the eighth day; the physical signs showed a rapid clearing of the consolidated portion of the left lung; on the fourteenth day air was freely entering all portions of the lung. On the afternoon of the day the temperature reached 97°, there were two large movements from the bowels, in rapid succession. From the eighth to the tenth day, inclusive, one dose of sulphur[30] was given each afternoon, after which sac. lac. was prescribed, until dismissal of case. The temperature gradually increased until the twelfth day, when the thermometer registered normal (98.4°); it continued at this point. Considering the severity of the attack the pa-

tients convalescence was rapid. On the fourteenth day, he was up and dressed, walking around and anxious to get out. By the end of the third week, he was at his business as usual. At present, he is hale and hearty, increasing in weight. Physical signs normal.

Case No. 2, *Follicular Tonsillitis simulating Diphtheria.*—T. W. A., æt. 36 years, broker. A well built, healthy man of careful habits, good sanitary surroundings.

On returning home from an extended tour through the south, for two or three days complained of general malaise and depression, with occasional chilly sensations running up and down the back. On Saturday night he came home feeling wretchedly, had been more or less chilly all day, no appetite, nausea, slight vomiting; pains down thighs and legs; aching soreness all over, and intense headache with giddiness. Throat commenced to ache; pain worse on right side; deglutition difficult; neck felt stiff, swollen and tender. Sunday night, on calling to see him, I was favored with the above history. I found him in bed; the face, head and neck were congested, very hot and bathed with perspiration. Temperature 102°, pulse 120, respirations 26. Neck swelled; parotid (right side), submaxillary and lymphatic glands swollen and tender. Proceeded to inspect the throat, found the tongue large and flabby, taking imprint of teeth, having a thick, dirty white coating; tonsils, fauces, uvula and back of pharynx dusky red, swollen and turgid. On the right side, partly covering the tonsil, extending over the right posterior arch, involving the right side of the pharynx, reaching to about an eighth of an inch to the left of the median line and extending downwards on the right side for an inch and a quarter, was a large irregular tough, opaque, grayish white patch, closely adherent to the surface; removal however, did not cause bleeding. The breath was very offensive. The patient complained of a constant desire to hawk in order to clear the throat. He was very weak and movement on his part was only accomplished after great exertion. The voice was hoarse and somewhat muffled.

I prescribed merc. jod. rub.^{2x}, one grain every two hours, and a gargle, composed of equal parts of alcohol, glycerine and water, to be used every hour. Gave directions that the patient was to be comforted and strengthened by a glass of milk punch every four hours, after which, I left feeling that the chances were in favor of a combat with a dreaded case of diphtheria. The next day did not find my patient feeling

much improved, he complained of the left side of his throat hurting him. Inspection showed a gradual clearing up of the patch on the right side, while on the left, I found the follicles of the tonsils exuding a copious secretion of a dirty white material which was slowly flowing toward the pharynx. This tonsil revelation cleared up the diagnosis, and I felt warranted, notwithstanding the patients weakened condition, and the patch on the right side, in promising to have the invalid out in four days. The prognosis was realized. The treatment was continued. On the night of the fourth day, the throat began to improve rapidly, on the sixth day the patient possessing considerable will power, was well and strong enough to go out and attend to part of his business.

The case might, with some propriety, be termed one of catarrhal diphtheria. The course, duration, and termination, however, justified the diagnosis of acute follicular ulceration of the tonsils.

The name, diphtheria, for the sake of preserving the accuracy of our diagnosis, and for the far more important purpose of establishing a positive method of "curative" treatment, ought to be restricted to typical cases, or the distinctive variety should be mentioned.

It is absurd to term cases diphtheria which are devoid of systemic blood-poisoning, and which run their course and convalesce in seven or ten days.

Case No. 3.—*Diphtheria of "Septic Character."*—Emily S., æt. 6 years. A beautiful child of fond parents, whose anxiety or nervousness required the physician's presence for the child's slightest ailment. On Monday night, when about to retire, she complained of "sore-throat." A messenger was at once dispatched for medicine; bringing no symptoms, except, "child's throat is sore." Bell.[30] was sent. The next morning, on inspection, the fauces showed evidence of slight congestion; the child was bright and cheerful. The temperature 98.8° Fahr.; the evening's elevation was .2° higher. On Wednesday morning the fever was the same as on the night previous; still no bad symptoms. Throat about the same; deglutition caused no annoyance; appetite poor; no movement from bowels during last twenty-four hours. The only suspicious symptom was her contentment to remain in bed. She passed a restless night. At 10 A.M., Thursday, the tongue was coated a thick white. On the border of the right anterior arch appeared a faint streak of whitish deposit, hardly a line in breadth. There were also visible a few minute points of

deposit here and there on the tonsils, uvula, and pharynx; altogether not more than ten. The temperature stood at 100°; pulse, 70, weak and thready; complained of feeling tired; the swallowing of liquids or solids caused distress; was annoyed by occasional pain in the stomach; not severe. The child was placed under the influence of cyanuret of mercury ^{gx}, every two hours, with one ounce of milk punch every hour; broths and other nutriment as frequently as she would take them. The nurse was directed to swab the throat frequently with a mixture of equal parts of alcohol and water. By 6 P.M., the change that had taken place was almost incredible. The disease had progressed down hill at a fearful rate. The countenance had assumed a pallid, earthy, sallow hue; the temperature was 99.8°; pulse, slow, small, weak, and easily compressed, beating 70 per minute. The glands, the parotids, submaxillary, sublingual, and the deep and superficial cervical had swelled rapidly, and while not very hard, were quite sore to the touch; the appetite was gone; nausea; and, on two occasions, slight vomiting. The bowels had not been moved. On the roof of the mouth, the tonsils, palate, pharynx, and wherever I could see, was a thick, dirty, white deposit. The nose was discharging an offensive secretion. Exhaustion was marked. The systemic poisoning had, by this time, involved the brain; the child was drowsy and apathetic. It required considerable perseverance to arouse her so as to administer food and stimulus, although when once awakened she comprehended all that was going on, and in a husky, toneless voice asked for something for her throat. Stimulation was pushed to the utmost, something being given every ten or fifteen minutes all night.

The next morning brought no hope for the case. The fetor of the breath was horrible. The air of the room, notwithstanding free ventilation and abundant use of Platt's chlorides, was stifling. Not only the glands, but the connective tissue of the neck had swelled to enormous proportions, and gave a doughy resistance on pressure. An offensive diarrhœa had set in. The discharge of urine was small and loaded with albumen. The child, while seemingly unconscious, was tossing her head about, endeavoring to get a free supply of air. The breathing was rapid and superficial, with chest muscles laboring heavily. The membrane had assumed a dark color; almost black, and appeared to be putrefying. Pulse 68, slow and irregular; temperature 99.5°; marked adynamia. The throat was pencilled and swabbed with diluted alcohol and

Carbolic acid. The child not being able to inhale directly, a canopy was arranged over the bed and she was subjected to a lime vapor-bath, by slaking lime in a large deep vessel on the bed. The vaporization was pushed until the attendants were reeking with perspiration. The child's skin, meanwhile, was not even moist. This afforded temporary relief. She would cough and bring up mouthfuls of a thin, yellowish-green pus-like fluid; the odor of which was indescribable. In a few minutes the ground gained was lost and the battle had to be fought over again. The lime treatment was continued all night. Stimulation was actively pushed. Merc. cyan. was given every few hours. By Saturday morning, or the commencement of the seventh day, the swelling, involving the glands of the neck, had assumed a purplish color, the feet were swollen, the pulse, which was almost imperceptible, was weak, thready, and slow; temperature 97°. The throat was sprayed with alcohol and water impregnated with tar, and half an hour later a lime vapor-bath was administered, after which the child raised a few mouthfuls of offensive fluid and sank breathing easier than at any time during the last fifty hours. She rested quietly for about thirty minutes, when suddenly she started up, gazed wildly around, clutched at her throat and fell back—dead.

Case No. 4.—*Scarlatina Maligna.*—W. W., æt. 19 months. Had been suffering for ten days past from a severe attack of scarlatina anginosa, the symptoms of which indicated and were promptly relieved by Arum triph. The eruption had disappeared and desquamation was taking place nicely. The glandular involvement had almost entirely passed away. He was taking a good amount of nourishment. The kidneys and bowels were all (?) that could be desired. Temperature 98.8°. In other words he was convalescing rapidly. On one of the intensely cold nights of January last, about 10 P.M., owing to neglect, the fire went out and was not rekindled until the next morning; meanwhile the thermometrical change in the atmosphere of the room was about 35°. As was to be expected, by the next morning the case had relapsed, and by night the child's temperature was 104.6°. The glands and connective tissue were swelled even with the chin. The nose and ears were discharging a thin sanious fluid, excoriating the integument wherever it touched. Inspection showed the whole mucous membrane to be intensely congested. Within the next twenty-four hours a thick cheesy curd-like deposit was lining the oral cavity from the margin of the teeth back to and

down the pharynx as far as could be seen, including the buccal cavity, the tongue, palate (hard and soft), tonsils, uvula, etc. In a few hours' the deposit changed, losing its curd-like appearance, and assuming the tough leathery characteristic of diphtheria. There was a profuse offensive discharge from the mouth, cracking its corners and excoriating the lips; a typhoid condition supervenes, the mental symptoms looming up. Arum triph. was repeated but in vain. I endeavored to start up its action by using Calc. carb. as an intercurrent, but without success. This was followed by Rhus. tox. with no avail, the case getting worse. A diffused, purplish eruption now appeared. The child, by persistent effort, was sufficiently nourished up to this time. I now tried the lauded treatment of Dr. Falligant, to wit.: Hepar sulph.[1x]; Spong., 5 drops; Kali bichrom., crude, 1 grain to a tumbler of water, given alternately every half hour.

In addition I did not use the spray as he reports, but in its place supplied the following: to a solution of one part Turpentine to seven parts Alcohol, I added ten times the quantity of water, and vaporized it in the room constantly. I regret to state it was of no service. The patient was then subjected to lime vapor-baths. These afforded temporary relief, but the virulent poison was too great a strain on the frail little system and at the end of the seventh day of the relapse he paid Nature's debt—a victim of an attendant's carelessness.

FERRUM PHOSPHORICUM IN DIPHTHERIA.

BY JOHN C. MORGAN, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

In Schüssler's "Abridged Therapeutics," the *Ferric phosphate* is stated to be the remedy for diphtheria in the first or febrile stage—just as the same drug is advised for the same period in other acute diseases. Without discussing the propriety of thus generalizing in our prescriptions, I will here give the history of two very recent cases treated with this remedy alone; both of them taken in the first stage. Both patients had previously used the same medicine with happy effect in other acute troubles, and both may be described as of "sensitive" or "nervo-sanguine temperament." (Right side most affected.)

The first case, a young lady, called at my office on account of sore throat. The tonsils were red and swollen moderately,

and she was a little feverish. Took *Ferrum phos.*[30] every three hours, one and a half days, then paused, being better. Got worse, and sent for me. Diphtheritic membrane covered part of the right tonsil. Prescribed *Ferrum phos.* as before. Next day, membrane nearly gone, swelling and redness better. To continue the prescription every four hours. On the following day, a slight vestige only of membrane was seen, and the medicine was taken at lengthened intervals (adding one hour at each dose). Next day, perfectly well, except slight debility.

The second case was a boy of five years, very bright and shrewd. Had decidedly febrile state, glistening, flushed eyes, red cheeks; tonsils red and swollen, especially the right, on which was a tuft-like exudation, about its centre, and of one-fourth inch diameter, hanging downwards, the upper attachment looking blackish, next to the tonsils, fetid breath. Gave *Ferrum phos.*[30] as before. Next day, the tonsil was clear, inflammation subsiding, and fever gone; but a similar mass of exudation occupied a portion of the posterior wall of the pharynx. Continued the drug every four hours. On the day following, he was up and dressed, apparently well. Stopped medicine. Next morning, complained again of his throat, and "talked thick." His mother inspecting his tonsils, saw another patch of exudation on the *left* side, and at once resumed the *Ferrum phos.* The following day the cure was complete.

In my experience, with the temperament above described, *Ferrum phos.*, is far more commonly required than Aconite or Bell., in the hyperæmic fever of early acute disease; but those are the first cases of diphtheria to which I have felt like applying it (or trusting it), and the results are so satisfactory, that I think it well to ask the special attention of the homœopathic profession to this drug.

Miscellaneous Contributions.

A CASE OF PERIOSTITIS.

BY DR. HOCHECKER HILDERSHEIM.

(Translated from the Allgemeine Homöopathische Zeitung, November 4th, 1884, by Horace F. Ivins, M.D., Philadelphia.)

On the 28th of April, of this year, I was consulted by a gentleman with reference to his son. He said his boy, ten years old, began, about eight months before, to complain of frequent pain in the region of the right ankle-joint; it gradually increased, and the part began to swell; at that time an

allopathic physician was consulted. This gentleman said the swelling and pain were of rheumatic origin, and were made worse by over-exercise of the leg. The application then ordered gave no relief, but, on the contrary, the pain and swelling were augmented; fever made its appearance, and soon the boy lost the ability to bear his weight on the limb; then the swelling had considerably enlarged and reddened; the physician said it would be necessary to open it, which he would do on the following day.

It, however, burst spontaneously through the night, much to the delight of the child, who dreaded being cut. The father stated further, that at the place of rupture pus was still discharging.

By careful probing it was determined that not only the lower end of the fibula was diseased, but also the tarsal bone. The doctor scraped out the diseased bone several times, but as the pus still flowed too freely, he called to his assistance a second physician, who recommended an operation, which the two gentlemen were to perform, under the influence of chloroform, within a few days. This operation gave no better results, in spite of careful antisepsis.

Following the enlargement of the wound great quantities of pus continued to discharge. Occasionally, after careful probing, there was slight bleeding.

The father said that, after a few months, a third operation had been performed without success.

The attending physician told the parents then that the child's leg could not be cured. He wished to take the child at once to Göttingen, where a radical operation—the removal of the dead bone—would be performed. The child's life would at least be saved, even if his gait should appear somewhat clumsy.

On questioning the consulting physician, this opinion was completely concurred in.

The parents, especially the mother, were much grieved, on account of their prospective separation from the child.

The father accidentally called at the house of a gentleman, a patient of mine, who recommended to him a trial of homœopathy. In this manner the father was referred to me. I listened to his description, and promised to call on the following day. Upon entering the sick-room the patient began to cry aloud, because he feared another severe operation.

I removed the dressings (Carbolic acid and Iodoform) from the boy's wound, washed it with lukewarm water, and laid a cloth, moistened with a little almond oil, over the suppurating

portion. The boy's bloated face and thick lips reminded me at once of a scrofulous subject. Internally I gave him Silicia 7^{x}; evenings and mornings, one powder.

In the meantime I examined the urine for albumen, but found no trace. Upon the next visit I was able to force out quite a quantity of pus, especially when pressing in various directions toward the centre. Silicia was continued in the same way, and in the course of the next three weeks the suppuration was but moderate, the pain diminished, the swelling almost gone, and the child able to stand on his foot without pain.

I find the following note in my journal of the 9th of June: "Wound looks well, there is but little discharge of pus; scarcely any swelling exists; no trace of fever; appetite quite good; stools regular; can walk without pain. Silicia 7^{x}; one powder every evening."

In the middle of June the boy, in company with his mother, called on me; he walked without support; had no pain; and the scar presented a sunken appearance, adherent to the bone. The foot, which was previously markedly turned outwards, is now drawn well inwards, so that no abnormality is noticeable.

After that I gave a few powders of Silicia, 30^{x}, at long intervals.

The first physician saw the mother and inquired after the child. She described to him the particulars of the case. He simply said: "I thought you had more use for your money than for such foolish things." The consulting physician met the mother and said: "What was the result of the child's visit to Göttingen?" He was also told of the new method of treatment. He started down the street, laughed aloud, and said: "Do you believe in such obsolete things?"

We add thereto: Gentlemen, pardon them; they know no better!

A CHAIR OF PRACTICAL ETHICS.

BY M. D. LUMMIS, M.D., LOS ANGELOS, CAL.

THE magazines "come but slowly down our way," and so it is but within a few days that I read the "Suggestion About Medical Education," of Dr. F. C. Richardson, in the September HAHNEMANNIAN. I thought, at the time of my graduation, and do still, that my *alma mater medicinæ* was one of, if not quite, the best in the country. We had most excellent

teaching in all the important branches, abundant material in laboratory and clinic, the best of instruction in the *Organon*, and a series of sensible lectures upon medical ethics, the *code*, etc. What we did not have was a common-sense talk, or a series of them, upon the *petit sonis* of the profession; for instance, though we had lectures in pædiatrics, both scientific and sensible, we were never shown a breast-pump or a nipple-shield, yet presumably there were among the listening students several who, being neither blessed with family cares nor enthusiastic admirers of babies, might not be familiar with these household gods. In obstetrics, we had a table full of instruments, old and new, cephalotribes and cranioclasts by the score, but very scant information as to the neatest and deftest way to adjust a binder, or to arrange the mother's clothing. If it is argued that such instruction is beneath the dignity of the chair, let it be made honorable by possessing a special chair, and the children of that *alma mater* shall rise up to call her blessed. A collection of nursing-bottles may not be overwhelmingly dignified *per se*, but the young graduate who finds the keen eyes of an experienced nurse watching him, while he is uncertain which end of a breast-pump to take hold of, will not feel dignified either, and his future may be made or marred at just such an unimportant moment. It is unfair and unjust to leave the young doctor to learn these little helps and consolations by a mortifying and often losing experience, and the least his college can do for him is to give him a good, plain basis of everyday expedients, upon which to base his ambitious structure of pathology and semiology.

Little does it profit a man if he gain the whole world of science, if he lose his knowledge of how to make a flaxseed poultice. To step at once from the sublime to the ridiculous, I still distinctly remember saving myself from infinite scorn, and perhaps utter rout, in my first obstetrical case, by the apt way in which I enveloped the cord in a bit of absorbent cotton, the nurse never having seen any, or heard of its use in that direction. With the peculiar logic of her class, she argued *ex uno disce omnes*, and her respect was secured. In short, to know how, and to do quickly any of the thousand and one trifles light as air, may make them heavy enough to lie as foundations for future greatness. To irreverently paraphrase holy George Herbert:

> "To mix a poultice and do it well,
> Makes it and the action fine."

EDITORIAL ENDORSEMENT OF PROPRIETARY MEDICINES.

To the Editors of the "Hahnemannian."

On page 184 of your March number I see editorial mention of a proprietary medicine. Who is Dr. Jennings? Where is Harwood? What is Papine? In what cases is it indicated? Why should the Hahnemannian Monthly give Battle & Co. editorial mention any more than Boericke & Tafel, Smith's Pharmacy, and other legitimate pharmacists? The insertion of the above-mentioned notice is degrading to honest medical journalism and to homœopathy. It would not be tolerated in any respectable allopathic journal in the country. If the Hahnemannian Monthly intends to abandon the high stand it has always assumed, and take to publishing wishy-washy, namby-pamby, therapeutical delusions, it had better close up at once, as it will lose the support of every honest homœopath. X.

Note.—We are under obligations to our correspondent for his criticism, sharp as it is, because it gives us a chance to say that we are as much mortified as he is disgusted. The item referred to was not written, nor even seen, by the editor until the journal was issued. It had been sent to the printer with a mass of other advertising matter, and by a misunderstanding of directions, and without the knowledge of the editor, got into the Notes and Comments instead of the advertising pages. We have always refused to give editorial endorsement to proprietary medicines, and shall continue the same policy. We admit reputable allopathic preparations to our advertising pages, but the editorial pages and the editorial pen are "Not for Sale." To maintain this position costs us a nice little sum of money every year. A little editorial "puff" now and then would bring us numerous fifty-dollar advertisements. If our readers appreciate this fact, we wish that once in a while they would say *to a non-subscriber*—what they so often say to us—that "the Hahnemannian is one of the best medical journals published." *That* would help to compensate us for the losses we incur in behalf of our readers' feelings.—Ed. H. M.

Salvia Officinalis in Catarrhal Rhinitis.—Dr. D. Hayes Agnew says that, in a case of chronic catarrhal rhinitis, accompanied by profuse purulent discharges mingled with dark scales, and in which the integuments covering the nose and the adjoining sides of the face were red and swollen, after exhausting in vain every known remedy, the disease yielded to douches of sage tea.—*Therapeutic Gazette*, January, 1885.

THE
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Editors,

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☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE TESTIMONY OF ALLOPATHISTS IN FAVOR OF HOMŒOPATHY.—In the *American Journal of Obstetrics and Diseases of Women and Children* (Allopathic) for February, 1885 is an abstract not devoid of interest to the Homœopathic profession. Dr. Joh. Bokai, Jr., reports three cases in which well marked herpes zoster appeared during the administration of Fowler's solution for chorea. The author considers it not a little strange that a drug which has a curative action in herpes zoster should sometimes have the power of producing that disease. Of course, it will be urged at once that zoster and chorea being both nervous affections, are associated conditions rather than that the former disease should appear as a result of the administration of arsenic for the later trouble. This objection, Bokai disposes of very effectually by stating that in all the literature of the subject, only one case of zoster in association with chorea is reported and in that one, the patient had taken large doses of Fowler's solution. Hutchinson had previously made the observation that arsenic sometimes produced herpes zoster.

The above is not the only instance in which Allopathic physicians have observed that drugs which cure certain diseased conditions, have the power of *sometimes* producing similar symptoms in the healthy to those which they remove in the sick.

The late Dr. F. F. Maury in his lectures at Blockley Hospital used to remark that it was not a little strange that iodide of potassium which was our best remedy for the popular eruptions of syphilis, would produce an eruption whose objective appearances were indistinguishable from that which it so readily cured.

Prof. A. A. Smith (*N. Y. Medical Journal*, February 10th, 1883), in a lecture on "The Frequent Repetition of Doses" said "Urticaria is often caused by the administration of full doses of balsam of copaiba in cases of urethritis, or inflammation of other mucous membranes and it may seem strange to you when I make the statement that a single drop of the same drug given every half hour will sometimes control urticaria. I have no explanation to offer, but I make the statement not alone upon the authority of others." "Fowler's solution, half a drop given every half-hour for six or eight doses will often relieve the vomiting which occurs after a debauch." "You will often meet with children of a nervous, excitable frame of mind, who are, perhaps, naturally of a sensitive nervous temperament, who are disturbed by the slightest noise and are unable to go to sleep before ten or eleven o'clock at night. In such cases, you will find it necessary to give a nervous sedative. An excellent effect will be produced by chamomilla in some one of its forms, as the tincture in minim doses every fifteen or twenty minutes. . . . . It is a better sedative in such cases than the hydrate of chloral." Dr. Smith evidently speaks from experience but where did he obtain the knowledge which enabled him to acquire this experience? We answer "from the teachings of Homœopathy."

Again Prof. Smith says, "you are aware that a teaspoonful of the syrup of ipecac is likely to produce emesis; but it is also a fact regarding which I was at first quite skeptical, that a single drop of the wine of ipecac will often arrest obstinate vomiting."

And still another: "Another extraordinary statement, which at first seemed to me to be fabulous and may seem so to you but which nevertheless, you will find to be based upon clinical facts. (Why did he not say experience?) Put a grain of tartar emetic into one quart of water; teaspoonful doses of this so-

lution every half hour will prove effectual for the relief of the wheezing and cough accompanying a slight bronchitis in children."

"It is well known that cantharides, when given in large doses is liable to cause inflammation of the genito-urinary tract; but it has been found that a single drop of the tincture every hour will in many cases relieve vesical catarrh."

"In cases of amenorrhœa not dependent upon anæmia, benefit may be derived from minim doses of the fluid extract of ergot. . . . . Contradictory as it may seem, when administered in the same manner, the fluid extract of ergot is of benefit in cases of excessive menstruation."

Continuing, Dr. Smith recommends aconite in small doses for synochal fever, cardiac hypertrophy, etc., tincture of hamamelis for hemorrhages and gelsemium for neuralgia. Dr. Smith is professor of Materia Medica and Therapeutics in the Bellevue Hospital Medical College, an institution whose code of ethics is embodied in the motto, "Practice what you please but for heaven's sake, gentlemen, don't call it homœopathy." Dr. Smith is abundantly able to hold up his end of the plank.

Ever since Ringer and Phillips published their standard treatises on Materia Medica, allopaths have practiced a disguised homœopathy. Some few have been honest enough to give credit to the original source from which such information was derived, but these were in a great minority. One allopath once confessed to us that he would admit the homœopathicity of aconite and arsenic but he would go no farther. Poor fellow! He studied his Materia Medica alphabetically and had not yet reached belladonna and bryonia.

Piffard (*Materia Medica and Therapeutics of the Skin*, p. 99) refers to a case of eczema of six years' standing which disappeared after an attack of poisoning by the local application of rhus toxicodendron. He further recommends rhus, administered internally for the cure of acute eczema and herpes hydroa.

On page 68 of the same work, he refers to hydrastis as valuable in the treatment of furuncles. In the *Monthly Homœopathic Review* (vol. xxiii., No. 5), Dr. Jno. Wilde reports two cases in which hydrastis ◦ administered for other affections produced crops of boils.

On page 107, the salicylate of soda is stated to possess the property, when administered internally of producing an urticarial eruption. According to Pietrzycki and Dr. A. A. Smith this drug will cure urticaria.

Homœopaths have long used silicea for indolent ulceration,

chronic suppurations, buboes, cancers, etc. Yet Dr. Piffard (*op. cit.*, p. 105) recommends silica as having relieved the pains of cancer without giving any other authority than that of an obscure allopathic writer in the *Edinburgh Medical Journal*. Dr. Piffard has himself used triturations of silica internally and has seen it cure small lupus ulcerations.

Turning to the section which Dr. Piffard devotes to arsenic and its physiological action (page 23), we find him giving it credit for producing pruritus, erythema, urticaria, furuncles, petechiæ, lichen, eczema, herpes labialis, h. præputialis, and h. zoster, etc., alopecia areata, general desquamation except of the head, dryness of the skin with slight branniness most noticeable where the skin is covered with clothes, falling out of the hair and nails, etc., etc. Allopaths use arsenic for psoriasis, eczema, pemphigus, urticaria, furuncles, lichen, etc., etc.; homœopathy gets no credit for the successful issue of their treatment.

Dr. Piffard divides the constitutional treatment of skin diseases (p. 165) into rational and empirical. By empirical treatment he means "the use of such remedies as experience has shown to be useful, independent of any theoretical views of their mode of action. . . . . Chief among these is arsenic."

We should judge by this that the author considers homœopathy and empiricism to be synonymous terms. Homœopathic remedies are the only ones that have thus far stood the result of experience. Rhus tox. and sulphide of calcium are also *empirical* (?) remedies. "The $\frac{1}{100}$ of a drop of a good tincture (of rhus) or even a less amount is not too small a dose to commence with," as Dr. Piffard is satisfied by *experience*. The sulphide in doses of $\frac{1}{100}$ gr. to $\frac{1}{25}$ gr. he finds serviceable in eczema when suppuration is abundant.

Dr. Sydney Ringer (*Handbook of Therapeutics*, 9th ed., p. 141) testifies to the value of Hepar in suppuration in the following language: "The common case of a sore, discharging a thin watery unhealthy ichor, will speedily undergo a healthy change under the administration of sulphide of calcium, the discharge becoming more abundant, afterwards diminishing and throughout continuing thicker and healthier with all the characters, indeed, of laudable pus. The sulphides appear to me to possess the property of preventing and arresting suppuration. Thus, in inflammation threatening to end in suppuration, they reduce the inflammation and avert the formation of pus. . . . . After the formation of pus, the influence of this group (the sulphides) on the suppuration process is still more conspicuous; there the sulphides hasten maturation considerably."

The same author also says (page 176), "Acids given shortly before a meal generally check acidity."

On page 219, he recommends the phosphate of lime "in the anæmia of young and rapidly growing persons and women weakened by rapid child-bearing, prolonged suckling or excessive menstruation. In checking chronic tubercular and non-tubercular diarrhœa and other profuse discharges, it is an invaluable remedy. . . . . It is also useful in caries of the bones."

Turpentine, which, as is well known, will produce hæmaturia, Dr. Ringer indorses (p. 419) as a valuable remedy "to check bleeding from the kidneys as in Bright's disease," but "it *must be administered in very small quantities.*"

"Chorea, it is said whether rheumatic or otherwise, yields to actæa, a statement I have put to the test of experience and found that actæa fails altogether when there is no history of rheumatism, but apparently succeeds sometimes when the chorea is of rheumatic origin" (p. 463).

"Pleurodynia, dependent on uterine derangements, is also enumerated among the many troublesome complaints over which actæa is said to prevail."

We also find Dr. Ringer recommending phosphorus in neuralgia, nitrite of amyl in flushes of heat occurring at the climacteric, cantharides for chordee and acute Bright's disease, physo-stygma for chorea, arsenic, camphor and copper for cholera, bathing in cold water for the cure of cold feet, aconite and arsenic for coryza, aconite for croup, cantharis and turpentine for cystitis, belladonna and hyoscyamus for delirium, arsenic, castor oil, chamomilla, mercury, nitric acid, podophyllum and veratrum album in diarrhœa, $\frac{1}{100}$ grain doses of corrosive sublimate for dysentery, actæa rac. in dysmenorrhœa, arsenic and nux in dyspepsia, arsenic and lobelia in the dyspnœa of emphysema, arnica for aching of muscles following fatigue, aconite for controlling fever, aconite, creasote and hamamelis in hemorrhages, mercury in mumps, aloes and hamamelis in piles, aconite and phosphorus in pneumonia, and ipecac. in vomiting. Other instances of remedies homœopathic to the affections for which they are recommended, are to be found throughout the book, but the above are sufficient to mention here.

The work of Dr. C. D. F. Phillips (himself once a homœopath) on Materia Medica and Therapeutics leads all other allopathic works in its teachings of homœopathy. In it, all the above-mentioned homœopathic applications of remedies recommended

by Ringer are indorsed, and many others added. For angina pectoris, Phillips praises aconite, laurocerasus, glonoinium and arsenic; for amaurosis, phosphorus; for biliousness, bryonia, podophyllum and taraxacum; for bruises, arnica; for catarrh, aconite, chamomilla, euphrasia, ipecac., and nux vomica; for clavus hystericus, ignatia; for condylomata, thuja; for constipation, hydrastis and nux vomica; for cardiac dyspnœa, spigelia; for ear-ache, pulsatilla; for ecchymosis, arnica; for encephalitis, belladonna; for endocarditis, spigelia and bryonia; for gonorrhœa, aconite, cannabis, hydrastis, and pulsatilla; for nymphomania, stramonium; for pleurisy, aconite and bryonia; for pneumonia, aconite, bryonia, phosphorus, senega, veratrum viride, and the sulphides; for scarlatina, aconite, belladonna, hellebore, rhus tox., and ammonia; for scrofula, arsenic, barium, iodine, lime salts and sulphur; for scrofulous photophobia, conium. We might go on and extend this list indefinitely, but as we wish to quote somewhat from other allopathic authors we refrain.

Bartholow (*Materia Medica and Therapeutics*) recommends a number of drugs whose value in the affection mentioned depends entirely on the truth of the law of Hahnemann, a fact which the author makes strenuous efforts to conceal but with indifferent success. For example, he speaks of aconite as being used by "these quacks (homœopathists), because it is a powerful agent which will produce manifest effects in small doses;" (so will any other homœopathically indicated remedy). He then proceeds to recommend the drug in fever and in inflammatory states of the respiratory organs.

Pulsatilla, he tells us, "is used by the homœopathists in the treatment of catarrhal ophthalmia, by internal and local applications; and they hold that it is very efficacious in certain diseases of the uterus, on which organ they suppose it to have a special or specific action. *Sudden arrest of the menstrual flow*, whether caused by moral emotion or cold, may be relieved, and the effects prevented, by pulsatilla."

"In the *summer dysentery* and *diarrhœa of teething children*, ipecacuanha is often extremely serviceable. The special indication for its use is the occurrence of greenish stools, containing mucus and sometimes blood."

"Arsenic is one of the numerous remedies proposed for the treatment of *epidemic cholera*. It is a curious circumstance, first demonstrated by Virchow, that some cases of acute arsenical poisoning are not distinguishable by their symptomatology or morbid anatomy from cases of epidemic cholera."

And this Dr. Bartholow bears the reputation of being the leading allopathic therapeutist in the United States.

A few quotations from journals and we close. Dr. Rothe (*Phila. Med. Times*, vol. xii., p. 145) recommends the Cyanide of mercury for diphtheria; he has used it thus far in thirty-four cases successfully. In conjunction with it, he used antiseptic local treatment.

Dr. Thomas Gifford (*Cincinnati Lancet and Clinic*, Aug. 25, 1883) recommends Rhus tox. as a curative agent of the greatest certainty in some forms of chronic rheumatic affections of fibrous tissues. In the rheumatic form of sciatica, it is of marked efficacy, if used according to certain directions. The doctor then proceeds to describe his plan of preparing the tincture of the plant; and then makes the remarkable statement (for an allopath) that two drops of the third decimal dilution of this tincture taken night and morning will act beneficially within forty-eight hours on rheumatic sciatica. "This may look like small dosing," he says, "but I have found one case in which it was too large and none where it was too small." Remarkable! truly a remarkable admission.

Occasionally we come across an honest allopath; strange as it may seem, such a being exists; not in Pennsylvania but in Ohio. His name is Dr. A. T. Spear. In his presidential address before the Licking County Medical Society (*Med. Rec.*, vol. xxi., p. 205) he made the following remarkable statements: "I shall, therefore, select two medicinal substances, viz., Aconite and Mercury, and shall try to prove by our own standard authorities, that when we are successful in treating disease with them, it is in accordance with the homœopathic doctrine, and although all sorts of explanations are advanced as to their *modus operandi*, the plain simple fact is, that Hahnemann gave the symptoms and treatment years ago that Profs. Bartholow and Ringer now emphasize. . . . . Will any gentleman present explain to me, why he uses Mercury in any disease? Have we really made any progress in the practice of medicine except what has been forced upon us by those whom we regard as irregular practitioners? . . . . Now, gentlemen, after the statement of Prof. Ringer, that in one form of diarrhœa, Bichloride of mercury acts more satisfactorily, and in another form gray powder, where shall we go to obtain some explanation or reason for this? Have we an author who will point it out to us? If we have I have failed to find him. On the contrary, the more I studied the matter, the greater was my confusion, until I sought in homœopathic works for a

solution, and there I found it clear and simple; and I may say that the indications for the use of the different mercurial preparations as pointed out by the earlier homœopaths, are those by which they are now governed in practice."

Numerous quotations similar to the above may be made from allopathic literature, but enough. In closing may we ask our readers, can anything be more homœopathic than the teachings of the writers we have above quoted?

The Recent Event in the History of Homœopathic Literature.—There is nothing new in affairs homœopathic more worthy of being talked about than the appearance, during March, 1885, of the first volume of the *System of Medicine, Based upon the Law of Homœopathy*, edited by H. R. Arndt, M.D. (the distinguished editor of the *Medical Counselor*), aided by a large corps of well-known contributors, and issued by F. E. Boericke's Hahnemann Publishing House, Philadelphia. In no other department of homœopathic literature has a comprehensive and reliable text-book been so urgently needed. Homœopathic physicians who wished to pursue studies, at all extended, in Special Pathology and Diagnostics, have been hitherto compelled to depend solely upon allopathic works, and while this may not have been particularly harmful to physicians established in practice, it *has* wrought serious evil when preceptors and professors have been obliged to place these allopathic books on Practice in the hands of students whose views regarding homœopathy have not yet been established and fortified by comparative observation and by experience. The natural tendency of the medical student to run wild after every therapeutic measure that seems to be based upon some pretty and plausible and ingenious pathological theory, has been, to preceptors and professors, a cause of untold anxiety and perplexity, and has irretrievably warped the practice of numerous physicians. This unfortunate tendency has been encouraged whenever allopathic text-books on Practice have been placed in the hands of raw and untrained medical recruits. If then the new work should claim to be an attempt to meet an urgent professional necessity, the claim will be at once conceded.

This is not the place to speak of the intrinsic merits of the book. Our object now is, since authors, editor, and publisher have done presumably their best, and particularly as the work has been thus far performed at enormous pecuniary risk and expense, to ask if there is not something for the individual

member of the profession to do! It takes three parties to build up medical literature—authors, publishers, and *readers*. Nobody is going to claim that the new volume is perfect or that it is above criticism; but if it shall be properly encouraged by professional liberality, we shall soon have a "new and revised" edition, from which any blemishes or mistakes, discovered in the first edition, can be carefully eliminated. Let physicians show that they appreciate the labors and the hazards of the publisher, by speedily and practically relieving him of any little anxieties he may possibly yet have upon the subject.

Notes and Comments.

Modern Chemistry has recently created "phenylchinizinhydrobenzolcarbonsäureester."

Corrosive Sublimate as a Surgical Dressing.—During the past eighteen months eleven cases have occurred in which the use of this poison as an antiseptic was followed by obstinate diarrhœa.

The Longest Compulsory Medical Course is that of the Boston University School of Medicine (a homœopathic institution), which requires of its students four annual courses of eight months each.

The Journal of the American Medical Association.—Prior to the publication of this journal the increase in the membership of the association was from 138 to 187 per annum. Since its publication the increase has been 281 per annum.

A curious question submitted by the Archbishop of Lyons to the Society of the Holy Inquisition, has just been decided by that body to this effect:

"Is craniotomy an operation which should receive the sanction of the church? Or in other words, given a woman in childbirth who is found to be unable to bring forth, from causes derived from a peculiarity in her own person or that of the child, and that it is evident that one life must be sacrificed for the other, which life should be spared?" The society was unanimous in pronouncing in favor of that of the child.

Don't Want a State Board of Medical Examiners.—The Montour County (Pa.) Medical Society passed the following resolutions unanimously:

Resolved, That we consider the proposed legislative enactment, establishing a State Board of Medical Examiners and Licensers, in its logic, expediency, and practicability, a crab-like attempt at advancement.

Resolved, That the recognition of a co-operation with an irregular school of medicine, as provided in the measure of said act, violates the letter and spirit of the State and National codes of ethics, and fosters and perpetuates a delusion that is justly doomed to early extinction.

The society adjourned feeling very much better.

It seems strange that a homœopathic doctor who must have felt the injustice of ostracism in his own case should undertake to treat women not as he would be done by, but as he and his fellows were treated. Martyr-

dom even of a mild kind should have made him liberal. But we are told that a Western homœopathic doctor objects to a woman delivering the salutatory address of her college, although she has won the honor, because he fears that permitting a woman thus to shine would "disgrace the college." It might disgrace her fellow male students who, with better opportunities, have been beaten in the race for college honors, but it could hardly bring discredit on the college itself.—*Phila. Ledge*·.

Regulating Vivisection in Germany.—Herr von Gossler, the German Minister of Public Instruction, has issued the following rules in regard to the practice of vivisection in the universities: (1) Experiments with live animals are only admissible for purposes of scientific investigation or instructive demonstration; (2) at lectures these experiments are allowed only in so far as they may be required for a full understanding of the instruction imparted at such lectures; (3) the preparations for such experiments at lectures are, as a rule, to be made previous to actual demonstration and in the absence of the students; (4) the experiment shall only be made by professors or teachers, or under their special supervision and responsibility; (5) experiments which, without detriment to the result, can be made on animals of a lower order, shall only be practiced on such, and not on more valuable animals; and (6) in all cases where it is not absolutely incompatible with the end and aim of the experiment, the animals must be previously anæsthetized.

New Publications.

The Diseases of the Ear and their Homœopathic Treatment. A manual designed for the student and general practitioner. By Charles Frederick Sterling, M.D., O. et A. Chir., Assistant Surgeon to the N. Y. Ophthalmic Hospital, etc. 16mo, pp. 167. N. Y., A. L. Chatterton Pub. Co., 1885.

The substance of this volume is expressed in its title, and the fourteen chapters into which it is divided contain a large amount of practical information, deeply interesting not only because it deals with a subject of which so many general practitioners know little or nothing, but for the reason that the author has been concise in his statements and yet comprehensive enough to be satisfactory.

The first three chapters are devoted to the anatomy and physiology of the ear. The anatomy is very plainly and graphically described without entering into an elaborate detail of the minutiæ. The fourth chapter deals with the instruments and methods of examination. The number of instruments spoken of is few and yet sufficient for use to those who are not specialists. In his commendable efforts for brevity we think the author has sacrificed clearness, notably in his description of Siegle's speculum and its use. In the fifth and sixth chapters are described the diseases of the external ear. From the seventh to the twelfth chapters inclusive, the diseases of the middle ear are given careful consideration. Thus it will be seen that the greater portion of this work is devoted to the treatment of the diseases of the middle ear, and very properly so, as the diseases of this portion of the ear are those most often brought to the notice of the general practitioner, these diseases being most amenable to treatment, and, as the author empha-

sizes, their neglect is frequently followed by results, disastrous not only to hearing but to life. The author's formulæ for local applications are few, and the directions for their use are such as not to confuse the mind of the student. His position in regard to local applications is best expressed by the words of his preface: "In regard to treatment I am firmly convinced we are not yet in a position to dispense with local measures; our therapeutics are still too meagre in this department." He then goes on to say: "The indications given for remedies are the results of the experience of Homœopathic aurists in this city and elsewhere, gathered from various sources in our literature, as they have made their appearance. They have not been compiled from the materia medica on theoretical grounds."

The indications for the internal remedies are terse, and they are especially valuable because of their numerous verifications. The thirteenth chapter is devoted to the diseases of the internal ear. Very properly but little space has been given to this chapter; and the author has done well to avoid controverted points, as in the rest of the work. The final chapter is devoted to the mechanical aids to hearing.

The work of the printer is open to criticism. Many typographical errors appear, the paper is poor, and the general execution is unworthy the reputation of the publisher.

We take great pleasure in recommending this manual to those for whom it is designed—the student and general practitioner—as being up to the times and one of great value for ready reference.

Reviewing Committee,

N. Y. Society for Medico-Scientific Investigation.

The Guiding Symptoms of our Materia Medica. By C. Hering, M.D. Vol. IV. American Homœopathic Publishing Society, Philadelphia, 1885.

Volume IV., edited by Drs. Raue, Knerr and Mohr, carries on the work left by Hering, to Cubebs inclusive.

It is necessary to have a collection of clinical symptoms, gleaned from published cures. Such a collection contains, in addition to confirmed provings, symptoms observed only in the sick. These latter are necessarily of several grades. Many do not belong to the drug that cured, but disappeared coincidently with the cure. Some represent groups of value because experience teaches they disappear often, when such and such a drug is given. Still others, however, are genuine drug-effects, just as genuine as though produced upon the healthy prover. It may be they have never been developed in the usual method of proving drugs; but it happens sometimes that clinical study presents them to us and subsequent provings confirm their genuineness by calling them forth in some susceptible prover.

To discriminate these grades requires a reference to the clinical cases whence they are taken; and so it is with no little pleasure that we note an innovation in this vol. iv., namely, a prefixing to each drug of a full list of

clinical authorities with the journals or books in which the cases referred to are recorded.

The remedies treated of in this fourth volume are rather better condensed than those that crowded the pages of previous volumes. This is satisfactory, both as to convenience and economy.

The editors, in deference to the lamented author whose work they are carrying on, have preserved his style as well as peculiarities, and of course have used his vast collection of MSS. Chimaphila, for instance, Dr. Hering insisted on spelling Chimophila, and thus it is rendered in the book before us. China is discarded for Cinchona, etc.

Chininum arsenicosum, a valuable drug in debility and defective reaction, but which hitherto has had but one proving, is, in this volume, enlarged by additions from five provings made under the supervision of the Philadelphia Clinical Society.

Copaiva, Cinchona, Chlorum and Crotalus, are especially full in symptoms. The latter owes its enrichment to the recent admirable monograph of Dr. Hayward, which fact is gracefully acknowledged by the editors.

We observe a few errors, and miss some indications that we regard as important; but the book is so well prepared and so excellent a sample of its kind, that we can find no fault.

We hope that the appearance of this fourth volume will be an assurance of the successful completion of the work, an assurance that will remove all doubts, and will induce the profession to purchase the work. F.

Gleanings.

Unusual Case of Vesical Calculus.—A driver, æt. 45 years, was admitted to the Hospital Necker, Paris, under the care of Professor Guyon, with recently developed bladder symptoms. Stone was diagnosed; lithotomy at a single sitting performed and two calculi removed, respectively 3, 5, and 6 cm. in diameter. Frequent micturition, bloody and purulent urine, rise of temperature, etc., followed, and finally "swelling" pain, and deep fluctuation about the right buttock. Patient gave history of an old coxitis when 13 years of age, which lasted seven or eight months. A free opening was made, giving vent to a quantity of thin pus, of a decidedly fecal odor. Soon urine appeared in the discharges, the tissues began to slough, and the patient died of septicæmia.

The autopsy revealed an old coxitis, adhesion of the bladder to the iliac bone, with perforation, the bare bone forming part of the wall of the vesical cavity. A fragment of a stone in the bladder contained a nucleus which was probably a bit of bone.

The case is a very rare one, the course appearing to be as follows: Healing of the coxitis; later on reawakening of the bone trouble, abscess which opened into the bladder, secondary cystitis, phosphatic calculi, possibly forming around a piece of bone, burrowing of pus through the sacro-sciatic foramen forming a diverticulum to the bladder; inflammation, probably of traumatic origin; septicæmia; death.—*Le Progrès Médical.*

White of Egg in Obstinate Diarrhœa.—Celli (*Allg. Med. Centr. Zeit.*) has recently called attention to the curative properties of the albumen

of hen's eggs in severe diarrhœal affections. He relates two cases of chronic enteritis and diarrhœa, which having resisted all therapy, speedily made complete recoveries under the use of albumen. The same diet is strongly recommended in the diarrhœa accompanying febrile cachexia, and in that of phthisis. In two cases of diarrhœa dependent upon tertiary syphilis it was found of no avail. On post-mortem examination diffuse amyloid degeneration of the arterioles of the villi was found in these cases. The mode of administration was as follows: The whites of eight or ten eggs are beaten up and made into an emulsion with a pint of water. This is to be taken in divided quantities during the day. The insipid taste can be improved with lemon, anise, or sugar.—*Med Rec.*, January 10th, 1885.

Mercurial Intoxication.—Mr. Paul Raymond, in *Le Progrès Médical*, for December 6th, gives some interesting observations concerning mercurial intoxication in the mines at Almaden in Spain.

He had opportunities of observing a great number of affected individuals, instances not only of mild symptoms among the miners, at their work, but also extreme cases, for which wards are especially set aside in the city hospital.

The effects of this slow absorption of the mineral would seem to differ materially from those produced by the immoderate use of the same for therapeutic purposes. The workmen coming from out of town, who return home after their three hours of duty, are, thanks probably to the winter season, during which they are usually employed, the fresh air, and their agricultural pursuits, but rarely affected. The inhabitants of Almaden proper, on the other hand, show symptoms, in some instances after a few weeks of work, while others may be as long as thirty or forty years without the slightest inconvenience. Individual susceptibility would then seem to play an important role, for among those who show their immunity are some who voluntarily work beyond hours for the extra pay. Even if slight symptoms do appear in these men, a short absence from the mines, with a shortening of the working hours, are all-sufficient to restore them completely. Those, however, who are addicted to alcoholic excesses succumb early, suddenly, and dangerously.

This intoxication shows itself principally by a stomatitis, tremor, and a cachexia; it is felt for years, as a rule, and if it does not suddenly kill, it certainly shortens life, for these miners rarely live beyond the age of fifty.

The stomatitis may appear with salivation, heat, and dryness of the mouth alone, and these readily yield to chlorate of potash; or again very abundant ptyalism, swelling of the buccal mucous membrane, fetid breath, etc. Later, ulcerations of the gums and inner surface of the cheeks and lips; blackening of the teeth and falling out of the same.

With this or alone may appear the tremor, coming on suddenly or slowly, in which case it will be preceded by weakness and muscular pains. It usually begins in the upper extremities and spreads from thence to the lower limbs and muscles of the neck, mouth, eyes, etc. When the body is at rest this tremor is not manifest, but it is brought on by voluntary movement, emotion, fatigue, or drink. The movements may be constant, however, allowing the patient but little chance to rest; or, again, they are convulsive and effect usually the flexors or even particular muscles or groups, as in one instance the intercostal had been in a state of clonic spasm for over a month, and in another the diaphragm alone, etc.; invariably the voluntary muscles—never the involuntary, although it is claimed by some that the muscular coats of the stomach may be the seat of very severe pains.

Paralysis is rare, but occasionally to be seen. It affects the forearm, but especially the lower extremities. The muscles, however, respond to electric excitation.

The cachexia begins with weakness, fatigue, malaise, cephalalgia, anor-

exia, with white tongue and bad taste; the patient is sad and sullen; his face presents a leaden yellowish hue, and he loses flesh very rapidly. With change of work, fresh air, and generous diet and tonics this may disappear, leaving but the earthy look and slow thought and speech, or only a slight anæmia. One marked symptom presented by all these patients is their extreme susceptibility to cold; a current of air, a change of temperature, a cold or damp season, all aggravate and cause suffering.

Nervous phenomena, such as neuralgias, vertigo, hallucinations, insomnia, epilepsy, amaurosis, etc., are unknown; neither are albuminuria, ulcerated sore-throats, liver and bone lesions, conjunctivitis, etc., all of which have been observed in instances of hydrargyrism. Skin lesions appear to be absent, with the exception of a pellagra met with only among those who drink hard. Neither does there seem to be any truth in the popular belief that this intoxication is associated with excitement of the sexual sphere.

Lastly, it is only those employed in the mines, those who come in direct contact with the drug, who would seem to suffer. The other inhabitants of the city, drinking the same water, breathing the same air, are unaffected. The treatment varies. Chlorate of potash for the mouth symptoms, as before mentioned. For the tremor the Iodides and Bromides seem of no use, but electricity with the induced current seems to be the most successful. One pole over the brachial plexus and the other in the hand, and the trembling and the pains cease.

In summing up, Mr. Raymond says:

1. The "professional intoxication" at Almaden shows itself principally by a stomatitis, tremor, and cachexia.

2. Secondary symptoms, those of chronic hydrargyrism, are also met with, *e. g.*, myalgias, arthralgias, falling out of the teeth, extreme susceptibility to the cold, etc.

3. Just as it was customary to attribute to mercury certain symptoms manifestly due to syphilis, such as chancre, orchitis, periostitis, etc., so such symptoms as chronic anginæ, severe icterus, nervous phenomena already mentioned, mania, etc., are not to be attributed to mercury, but to concomitant morbid conditions, as scrofula, tuberculosis, alcoholism, syphilis. At least they are wanting among the miners of Almaden.

4. Only the miners in immediate contact with the mercury are affected, while their children, the inhabitants of the town and country, who are not employed in the mines, who use the water and breathe the air, escape entirely.

The Existence of the Tubercle Bacillus in Aural Discharge.—This question is one the importance of which has not yet been decided. According to Gottstein, Eschle found in two cases of otorrhœa in patients with phthisis, the tubercle bacillus, but one of these afterwards came under Zucker's observation when no bacilli were found. Voltolini in one case of otorrhœa associated with phthisis discovered the bacilli. Gessler, on the other hand, reports that in the secretion of phthisical otitis media purulenta he had been unable to discover any bacilli, but that his material was too small to allow him to form any positive conclusions. Kanzler failed to find the bacilli in the aural discharge when they were abundant in the larynx.—*Archives Otology*, xiii., 3–4.

Calomel in the Treatment of Otorrhœa.—Gottstein treats his cases of otorrhœa by the insufflation of Calomel. He finds that it possesses all the advantages attributed to Boracic acid, while in some respects it is superior to it. It is so absolutely devoid of irritation to the mucous membrane of the middle ear that he has employed it with advantage even at the beginning of acute inflammations. Of thirty chronic cases thus treated, 13 were cured within 10 days, 7 between the 10th and 20th days; between this

and three months 7. Gottstein believes that the efficacy of the Calomel treatment depends on the transformation of the drug to Corrosive sublimate. Notwithstanding all the chemical experiments he has made to determine this point negative such an idea, he clings to this theory of its action.—*Archives Otology*, xii., 3-4.

Paralysis Resulting from Hypodermic Injections of Ether.—In the *Revue Médicale*, M. Amozau calls attention to paralysis resulting from hypodermic injections of Sulphuric ether. In four cases the paralysis of the muscles affected by the puncture, appeared shortly after the injection was made. The paralysis seemed peripheral in its nature, as was shown by the attending changes in electrical excitability (suppression or diminution of faradic excitability, increase of galvanic excitability, return of voluntary motion, before the return of faradic excitability); improvements were markedly accelerated by the continued current. The question is, how the ether produces the paralysis? whether by rendering the muscular fibre incapable of contraction, or whether by its injection the terminal intramuscular nerve filaments are disorganized? Experiments conducted by MM. Amozau and Salvat and practiced upon a rabbit show that the injection of ether produces on all occasions an almost instantaneous paralysis. After some days the rabbit was killed and lesions of the nerve fibres were very distinct. M. Amozau concludes his observation by suggesting that in the hypodermic use of Ether care should be exercised in all cases to avoid introducing it into the muscular tissue, simple subcutaneous injections being harmless.—*Med. News*, January 24th, 1885.

Chlorine, Bromine, and Iodine as Disinfectants.—Dr. George H. Rohe gives the following conclusions respecting the above subject: 1. Chlorine is an efficient disinfectant when present in the proportion of 1 part in 100; provided the air and the objects to be disinfected are in a moist state, and the exposure continues for upwards of an hour. 2. Chlorine when used in sufficient concentration to act as a trustworthy disinfectant injures colored fabrics and wearing apparel. 3. Bromine is an efficient disinfectant in the proportion of 1 part in 500; provided the air be in a moist state and the exposure continued for upwards of three hours. 4. Iodine in solution is an efficient disinfectant in the proportion of 1 in 500, the exposure continuing for two hours. 5. The use of Chlorine, and in a greater degree of Bromine, requires considerable experience in management; when carelessly handled they may cause inconvenient or even dangerous symptoms in persons using them. For these reasons they are not suitable as disinfectants for popular use.—*Medical News*, January 24th, 1885.

A New Etiology of Rickets.—Dr. Robert G. Lee believes pulmonary and bronchial inflammation to be frequent causes of rickets. He does not believe in tuberculosis or syphilis as etiological factors in this disease.—*Arch. of Ped.*, January, 1885.

Rupture of the Kidney—Death on the Forty-Seventh Day.—The patient was admitted under the charge of Dr. Rabagliatti in a condition of collapse. He had been struck in the right side by the revolving handle of a travelling crane. There was no external injury beyond a few small scalp wounds. For four days his urine contained large quantities of blood. Then it began to disappear and the urine became quite clear. He was then allowed to get up, but the hemorrhage then returned. He died of exhaustion 47 days after the accident. An autopsy revealed a rupture in the medullary substance at the upper part of the right kidney. The cortical substance was apparently uninjured. All the other organs were healthy.—*Med. Times and Gaz.*, January 3d, 1885.

Treatment of Mastitis by Bandaging and Rest.—Dr. P. A. Harris, of Paterson, N. J., formerly treated his cases of inflamed breast by rubbing, poulticing, suckling, etc., and yet he frequently had abscess to follow. He then changed his treatment to that about to be described, since which time his results have been satisfactory. Inquiring into the habits of the domestic animals, cat, bitch, mare, and cow, we find that although frequently deprived of their young while the secretory function of the gland is at its height yet they are comparatively exempt from the occurrence of mammary abscess. The examples of suppurative inflammation occur principally with the cow and mare after manipulative interference by the zealous owner. While we can scarcely apply to woman all the principles which govern the physical conditions and requirements of the higher forms of mammalian brute creation, there is certainly enough similarity between them to admit the claim that what is beneficial or injurious to one may, to a certain extent, be advantageous or prejudicial to the other. Dr. Harris, therefore, believes that rest and non-interference, as elements so greatly favoring a speedy recovery from mammary troubles in certain animals, apply with equal if not greater force to the human female. As soon as the existence of inflammatory trouble in the breast is discovered, nursing, friction, pumping, the application of fomentations, etc.; in fact there should be *rest from passive motion, rest from secretion, and rest from pain.* Envelop the affected breast (say the left) in a layer of cotton wool. Lift the gland with the bandage, then carry the bandage over the right shoulder, and so on around under the left breast and over the right shoulder again for two or three turns; then cross with the bandage beneath the sternum, carrying it under the right breast and arm, up behind over the left shoulder and sternum, across the inner, anterior, and under portion of the right breast, under the right arm, up, across, behind, over the left shoulder and sternum, under the right breast, and so on around again and again, and finally, once directly around the thorax under the left breast and over the right shoulder. The bandage thus applied gives great support to the breast, and is called by the author the "half-dressing." To complete the dressing, carry the bandage directly around the thorax over the left or affected nipple, just beneath the right nipple, thence around once or twice above both nipples, then just below the left nipple and above the right one, around the thorax, beneath the left breast, over the sternum and right shoulder, under the left arm, both breasts and right arm, up behind and over the left shoulder and sternum, before and beneath the right breast and right arm, over the left shoulder and sternum, under the right breast, directly around the thorax, over the anterior inferior portion of the left breast, sternum and right shoulder. The affected nipple should always be covered by the dressing. The bandage should be pinned at numerous points to prevent slipping. By the next day the patient will be found to have been free from pain. The inflammatory blush of the skin covering the most sensitive part of the gland is more pronounced than on the first day. The whole gland is heavier from the retention of milk, but, so long as it is properly bandaged, this gives rise to but slight discomfort. Many breasts begin to drain the secretion from the nipple as soon as they are bandaged. Then the bandage should be re-applied, and left for another day. On the third day the gland will be as much if not more enlarged than ever, but there will be less soreness. Readjust the bandage for another day. By this time the maximum degree of distension will have been reached, and the inflammatory symptoms will begin to abate. After a period of such treatment, varying in length of time from a day to many days, according to the severity of the attack; after the redness, swelling, pain, induration and soreness have disappeared, the bandage should be applied so as to expose the nipple, and the child applied to the breast. Abscess will be found to rarely occur in cases of mastitis, when the above dressing is used, and every

means of emptying the inflamed breast is avoided.—*Amer. Journ. Obstet.*, January, 1885.

Mental Symptoms from Iodoform Poisoning.—Dr. Robert Black records a case, in which Iodoform was blown through a canula into the tunica vaginalis for the cure of hydrocele. This was followed by suppuration of the sac and constitutional disturbance. The patient began to have delusions, dressing himself in strange costumes, and imagining that he was of prodigious height and growing rapidly. He imagined that he had the best tenor voice in the world, and proceeded to hire a large hall in his native town to give a concert. He was then consigned to an asylum where he remained four months, when he was discharged, cured. He also reports another case, where similar symptoms developed after the application of Iodoform to an ulcer on the leg.—*Br. Med. Journ.*, January 10th, 1885.

A Point in the Treatment of Purulent Ophthalmia.—In the treatment of purulent ophthalmia the main difficulty lies in cleaning the conjunctival fold beneath the upper lid. This portion of the eye is the strongest focus of infection, and receives the weakest treatment. To obviate this difficulty, Mr. E. A. Browne has devised an irrigator shaped somewhat like a lid elevator, by which one can throw continuous streams of water into the conjunctival sulcus as long as may be necessary. The instrument is constructed of hollow-plated tubing. It is finished above with a handle, and behind a small curved nozzle is connected by means of an india-rubber pipe, six or seven feet long, with a reservoir capable of containing about a quart of solution. The limb that passes beneath the upper eyelid is pierced with six fine holes, through which the fluid issues as a douche. A stop-cock or spring-clip is provided to regulate the flow.—*Br. Med. Journ.*, January 10th, 1885.

Congenital Absence of the Left Lung.—Dr. Therenim gives two cases of this occurrence. The first case lived for eleven days, and died, after symptoms of fever, accelerated respiration, dulness on percussion, bronchial souffle, and disseminated subcrepitant râles. The body appeared normal in structure and conformation, except a rudimentary development of the eyeballs. The autopsy showed intense hyperæmia of the brain, hyperæmia and nearly complete hepatization of the right lung, hyperæmia of the liver and spleen. The second case lived over three months. Cyanosis was present from the first, but became in time very little marked and not constant. A slight cough called for an examination of the chest, when mucous râles were heard over the right and *left lungs:* nearly complete dulness on percussion over the left lung; later on in life fever set in, with signs of pneumonia in the right lung, marked cyanosis and death. In comparing these two cases, great similarity is seen in the anatomical disposition of the lung, of the heart, and of the circulation of the blood. In both cases there was a little cartilaginous enlargement in the position of the left bronchus, one single pulmonary artery and one single pulmonary vein, which communicated with the vena azygos, and thence with the vena cava superioris. In neither case did the left auricle receive any pulmonary vein; the foramen ovale and the canal of Botal were narrowed or obliterated. The unique right lung, greatly developed and divided into lobes in the second case, gave an arterial blood, which mixed with the venous blood produced a constant cyanosis. The large calibre of the venæ cavæ and pulmonary artery and the hypertrophy of the right auricle and ventricle contributed to the increase of the intensity of the general cyanosis. Both children were small and badly nourished from birth. During life the vesicular murmur extended in both cases to the left in the posterior portion of the thorax, and this proved that respiratory murmurs of one side may extend to the opposite side in cases where the propagation is favorable.—*Journ. Amer. Med. Assoc.*, January 24th, 1885.

News, Etc.

Removal.—John C. Morgan, M.D., from 1706 Green street to 108 South Seventeenth street, Philadelphia.

The Next Meeting of the I. H. A.—The fifth annual session of the International Hahnemannian Association is called to convene at the Court House, Syracuse, N. Y., on Tuesday, June 23d, 1885, at 10 A.M., to continue three days.

The purposes of this association are clearly defined in its declaration of principles, inculcating a firm reliance upon the *law* of similars, the single remedy, and the minimum dose—supplemented by the following incontestable facts: There is no possible way of knowing the primary action of drugs, excepting by actual tests upon the human system; and there is equally no possible way of knowing their curative powers in whatever potencies, excepting by like actual tests upon those who are sick. These are the *fundamental principles* of all true therapeutics, and the *only* source from which knowledge is to be had to guide us properly in our ministration to the sick.

For these reasons the above named Association makes it an especial feature of its work to stimulate and obtain carefully arranged provings of drugs, and to secure and fully and fairly consider all carefully reported cases from clinical experience. Therefore we and all, whether members or not, who believe this the safest and surest road to that accuracy of knowledge which we all seek, are cordially invited to attend our next meeting and help along in the good work. A great variety of carefully observed and concisely reported clinical cases is especially desired.

R. R. Gregg, M.D., President, I. H. A.

The Oneida County Homœopathic Medical Society.—The quarterly meeting of this society was held January 20th, 1885. The subject for discussion was "Pulmonary Diseases Including Phthisis." The papers introducing the subject were by Dr. L. L. Brainard on the "Differential Diagnosis of Phthisis"; by Dr. Terry on the "Contagiousness of Phthisis"; and by Dr. F. F. Laird on "The Therapeutics of Phthisis." Dr. Laird used during the formative stage of real consumption, Bry., Kali c., Myrtus com., Calc. phos., and Calc. carb. Calc. phos. is very useful in young girls with amenorrhœa. Codein 2x is indicated by dry, hard cough. Kali carb. acts especially on the lower part of the right lung. Ars., Calc. c., Sepia on the upper part; with severe pain and fever. Silphium lac. is given for profuse watery expectoration. For lung consolidation Iod., Ars. jod.; for hectic, Silic.; for night sweats, Atrop., Zinc ox., Quinine. Dr. Wells gave his experience in the cholera epidemic of 1832.

Homœopathic Medical Society of Allegheny County—Discussion on Prevailing Diseases.—Dr. H. H. Hofmann reported several cases of rubeola in one family. The first symptom was a desire to urinate every few minutes. Some years ago he had a fatal case of rubeola in a family where the children had passed through all the ordinary children's diseases in one year. In this case an abscess formed over the jugular vein, and the child died of thrombus. Dr. Fulton reported a case of chorea in a girl of six years. She could not sit up, nor speak nor feed herself. She could, however, swallow. She was given dilute Phosphoric acid, and in two weeks she was well. Dr. J. H. McClelland said that he had seen some five or six cases of erysipelas during the month, some of them in consultation. They were mostly cases of operation or injury which subsequently developed phlegmonous erysipelas. Large abscesses formed which were opened up freely and washed out. Great masses of cellular tissue came away. Two cases seen in the country were injuries of the foot. The inflammation ex-

tended up the leg and large abscesses formed. The usual remedies, as Bell., Rhus, Hep., had been used. Poulticing had evidently done the case harm. The poultices were removed, the parts annointed and internal remedies given and the case progressed favorably. In another case the use of Iodoform and Collodion was followed by results little less than marvellous. Dr. J. B. McClelland reported having mainly cases of inflammatory rheumatism and infantile and senile pneumonia. Dr. Z. T. Miller had had four cases of erysipelas in one family, three cases affecting the face. One of the cases, a young man, had tonsillitis when he was called. The fauces were dark red. In previous attacks, when the throat was almost closed, he had been able to get along without pain on the use of Lach.^{m}. The erysipelas spread to the face and large bullæ formed on the cheeks. He recovered in five days on Rhus^{m}. His sister had the smooth variety, received Bell.^{m}. The third patient had the smooth variety with honey-like exudation on the scalp; was very restless and delirious. The prescription was Rhus.^{m}. When the fever disappeared, all three cases received a few doses of Sulph. Dr. R. W. McClelland reported a case of convulsions in a child of three and a half years, supervening on the cessation of an otorrhœa of two months' standing. The case was cured by Dioscorea^{3}.

Alumni Association of Hahnemann College.—The first annual meeting of the Alumni Association of the Philadelphia College will be held in "Parlor C." Hotel Colonnade, 15th and Chestnut streets, on Thursday evening, April 2d, at 8 o'clock. All regular and honorary graduates of the College, from 1848 to 1885 inclusive, are eligible to membership, and all, whether members or not, are invited and urged to be present. The meeting will doubtless prove to be interesting as well as important. Dr. Aug. Korndoerfer, 648 North 12th street, is President and Dr. W. W. Van Baun, 205 Catharine street, Secretary. The Annual Commencement of the College will occur at noon of the day following, at the Academy of Music.

A Specimen of the Cholera Bacillus has been received from Dr. Koch of Berlin, by Dr. L. Younghusband, of Detroit, Mich., and coming as it does from so distinguished a source is greatly prized by the favored recipient. We have heard of but two or three other specimens received in this country.

OBITUARY.

Valentine.—Philo G. Valentine, M.D., of St. Louis, Mo., died December 22d, aged fifty-two years. He graduated at Ann Arbor in 1856. During the war he served as surgeon of the Second Kentucky Regiment (Confederate). He was for many years professor in the Homœopathic Medical College of Missouri, and editor of the St. Louis *Clinical Review*. His was a most genial temperament, and he leaves very many warm friends, in and out of the profession, who join the bereaved wife and child in mourning his decease.

McManus.—Our readers will regret to learn of the decease of the venerable Felix R. McManus, M D., which occurred on Tuesday, March 3d, 1885, at his residence, 71 Franklin street, Baltimore, Md. His death was due to paralysis, with which he had been attacked on the Thursday preceding, while sitting at his desk preparing medicine for a patient.

Dr. McManus was born in Baltimore, May 30th, 1807. His father had emigrated from Ireland and engaged in mercantile business in the above-named city. The son obtained a partial course of instruction in Georgetown College, but was prevented from completing it by reverses in his father's business. At twenty years of age he entered the University of Maryland, graduating in 1829. He practiced allopathy for eight and a half years, when a conversation with a clergyman induced him to investigate homœopathy. He accordingly visited Philadelphia, took counsel of the late Dr.

Charles F. Matlack, began the study of German, in order to be able to study the scanty homœopathic literature of those days, and his earliest attempts at homœopathic practice soon convinced him of its abundant superiority, and resulted in the final abandonment of the system he had been taught in the university. From that time his career as a physician was one of remarkable success, and the whole weight of his influence was given to its promulgation and advancement. When the American Institute of Homœopathy was formed in 1844, he assisted in its organization, and was one of its most active and energetic members. At the fourth session of the Institute he officiated as President, and for more than twenty years was Chairman of its Board of Censors. If we are correctly informed, he has been present at every meeting save one since its organization.

It was impossible that a man occupying so prominent and responsible a position before the profession, and for so long a period, should escape some criticism. Yet the voice of the Institute kept him in his important office year after year. There can be little question that the influence he wielded in the Institute's counsels was at all times salutary and conservative of its best interests. Strict and unbending in his delicate official work, he was nevertheless a genial spirit in his general professional and social relations, and his familiar form and presence will be greatly missed. May it be that men no less faithful than he, may be found to succeed him.

A meeting of the homœopathic physicians of Baltimore was held on the evening of March 4th, 1885, at the residence of Dr. M. Hammond, an early pupil of Dr. McManus. Dr. J. Lloyd Martin was called to the Chair and Dr. Eldridge C. Price was chosen Secretary.

Remarks were offered by Drs. Hammond, Martin, Shearer, and Elias C. Price, eulogistic of the deceased, and referring to the privations and discouragements voluntarily encountered by this strong-willed man in his pioneer labors in establishing homœopathy so successfully in the State of Maryland. Dr. McManus's exalted moral character and strict observance of his religious duties were freely dwelt upon, as were the pleasant social and professional relations with him, enjoyed by the speakers, and the instructions and wise counsel received at his hands.

A committee appointed to prepare a suitable minute in reference to the decease of Dr. McManus, reported the following, which was unanimously adopted:

Whereas, God in His wisdom has removed from our midst Dr. Felix R. McManus, the oldest practitioner and pioneer of homœopathy in this State; therefore,

Resolved, That we, the homœopathic physicians of Baltimore, have heard with deep regret, of the death of Dr. McManus, and desire to express our sense of the great loss sustained not only by the community in which he so long practiced, and which always found in him a skilful and sympathetic physician, but also by his confreres, to whom he was ever a wise and prudent counselor.

Resolved, That we tender to his bereaved family our heartfelt sympathy in the great loss they have sustained.

Resolved, That a copy of these resolutions be sent by the secretary to the family and published in the daily papers and medical journals.

THOMAS SHEARER, M.D.,
M. BREWER, M.D.,
ELIAS C. PRICE, M.D.,
Committee.

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DISEASES OF THE OVARIES.

BY C. NEIDHARD, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

In an essay presented to the World's Homœopathic Convention, 1876, Professor Helmuth uses the following language: "I am convinced of this fact, the longer I live I am very willing to plead guilty to having on many occasions cut out a tumor immediately, without giving internal medication any trial whatsoever; although in many, very many, instances with the most satisfactory results." After quoting several eminent surgeons and gynæcologists, like Simpson, Thomas, Peasley, who each and all deny the possibility of curing such cases by internal medication, he details several interesting cases of ovarian cysts cured by Apis mell., Iodium, etc.

I have the firm conviction that in their early stages, if diagnosticated in time, these diseases may be entirely prevented and their progress arrested, as I have seen in many instances.

Even in their more advanced stages they can sometimes be cured, as the following cases will testify:

In July, 1881, I was consulted in the case of Miss — for ascites. A minute examination of the case made it manifest that it was a case of ovarian dropsy. The enlargement was on one side. The dull percussion sound was limited to the neighborhood of the ovarian regions. My views were corroborated by two eminent physicians and surgeons, both pronouncing it a multilocular ovarian cyst, and a cure by internal remedies was considered impossible. The history of the case was the following:

Miss — ceased to menstruate six years ago. Since May,

1881, she was subject to a kind of malarial fever with chills. These had ceased two weeks before I was called in to see her. She had, however, every night burning heat in the palms of the hands; the tongue was coated yellowish-white, with a bitter dry taste; had also much thirst at night; extreme constipation, with a discharge of small balls. Lying on either side does not change the dull sound on percussion. Soreness in the region of the liver; cramp in the right leg at night; heartburn, with acidity of the stomach; urine of a muddy appearance and of a very small quantity. From July 19th to September she received the following remedies: Apocyn. cannabin. in dilutions; also the fluid extract in drop doses every four hours, gradually increasing the dose. She received, also, Apis mell.[2], Arsen., Kali brom., China, Puls., and Lycopod. As the dropsy did not lessen she was tapped by Professor C. M. Thomas, September 15th, 1881. There were drawn off three gallons of a brownish fluid like brown stout. If the dropsy should return, ovariotomy was to be the next resort, as a cure by remedies was considered impossible. Nevertheless the attempt was made by myself, and the treatment was steadily continued for a year and a half when she was pronounced cured. She has enjoyed most perfect health ever since, now four years. In fact her health has been rather better than formerly.

The principal remedies employed for the radical cure of the case were Kali hydriod. and Kali brom., generally in the lower triturations, and massive doses. As intermediate remedies for isolated symptoms, she received also Bellad. for sore throat, and Nux vomica for sleeplessness.

No. 2.—Miss —, æt. 19; came from London, Canada West, to be placed under my treatment for ovarian dropsy, pronounced as such by the two first surgeons of that city. They recommended Morphium for the relief of the pain; otherwise nothing could be done except by an operation. To this the father of the young lady was not willing to consent before other means had been tried.

After the closest examination of the case I had no doubt of the existence of ovarian dropsy. As far as could be ascertained the primary cause of the disease was a fall, followed by malarial fever. She measured about $32\frac{1}{2}$ inches around the umbilicus.

Apocynum cannabin., fluid extract and also in tincture, in large doses, was prescribed without any benefit. Cal. carb. 3^{x}, Sul. 3^{x} had a negative effect; Bromide of ammonia[10] acted

somewhat more favorably; Lycopod.[3] relieved the flatulence to which she was subject, and the Tincture of coffea the sleeplessness. But it was not until repeated doses of Kali hydriod. and Kali brom. had been exhibited, that a decided benefit was achieved. The abdominal enlargement began decidedly to recede, and finally was reduced to 27 inches around the umbilicus.

Subsequently Ars. iod. 3x was substituted for the Kali hydr., having a still more salutary effect. The Kali brom., in doses of $\frac{1}{4}$ to $\frac{1}{2}$ gr. triturated with sugar of milk, was also continued.

She returned to her home nearly cured, but continued the same treatment there for some time until a complete cure was effected.

The following practical clinical observations and experiences of various remedies in ovarian diseases are not presented here as of absolute infallibility, but the symptoms cured have been carefully noted and are thus far perfectly reliable. Where many cases of the same kind have been cured it has been noted. In others the most striking cures of the individual cases have been selected.

Notwithstanding the most scrupulous care it is possible some errors may be detected. We can only say that we tried to approach the truth as far as we were able or as it was possible, according to the nature of the case.

1. *Apis Mellifica Cures.*—In their initiatory stages ovarian cysts can be prevented or cured by no better remedy than Apis mell.[3] to [1], as I have witnessed in more than five cases.

The following symptoms give the indications for this remedy, with the dose:

Stinging pain in the left ovary, Apis mell.[2]

Shooting pain in the left ovary, Apis mell.[1], Lilium tigr.[1]

Pain in the right ovary with vomiting, Apis mell.[30]

Aching pain in both ovaries; afterwards more in the left, finally metastasis of the pain to the nipple; also pain in the right ovary, extending to the back and up the spine, aggravated by overexertion, Apis mell.[6]

Soreness in the left ovary, Apis mell.[3] to [6].

Ovarian dropsy with anasarca, mouth dry with thirst, craving appetite, fulness of the head, desponding mood, shedding of tears, Apis mell.[2], five drops of which every three hours cured the dropsy, and Sepia[6] relieved desponding mood.

Throbbing pain in the centre of vagina; stitch in the left ovary on moving; stinging, burning from the region of both

ovaries down to the thighs; pain in back of neck and eyes during menstruation. Cactus grandifl.[1] somewhat relieved the above symptoms, but the final cure was established by Apis mell.[30]

Several well-pronounced cases of ovarian tumors on the left side and also several slighter cases were cured radically by Apis mell. and Kali brom.

The treatment often lasted from six months to a year. The constitution of the patients was greatly improved. A strict milk and fruit diet was also observed.

A stinging burning pain in the left ovary with offensive leucorrhœa was benefited by Apis mell.[2], but had to be finally cured by Ustilago mad.[2]

Mrs. V— took Apis mell.[12] for several weeks for an enlargement of both ovaries. Walking and stooping caused pain in the ovaries as well as in the back. Her general health improved, but the enlargement remained the same. The catamenia were always coagulated, thick, and black, on which account Platina was prescribed, which also benefited the ovaries.

There was no hope of a permanent cure, however, because the unnatural husband prevented conception and thus frustrated every effort to relieve the ovaries.

I find in my notebook the following observation: "Ovarian dropsy is more relieved by *Apis mellifica*, from the 4th to the 1st dilution, than by any other remedy, and when this failed *Chin. arsenic* 2[x] was sometimes exhibited with benefit."

Artemisia vulgaris.—Right ovary sore to touch; aggravated by exercise. *Artemisia vulgar.$_{\frac{1}{10}}$

Bromine—Kali bromatum.—Spasmodic pain in the left ovary. *Bromine.

Burning stinging pain in both ovaries, where there is felt a hard tumor; pain in the ovaries a week before menstruation, but less during it. The catamenia are perfectly regular and of good color. There is also retroversio uteri with sick stomach, and the pain flies from the ovaries to the heart; has a chronic valvular disease of the heart; shooting pain from the ends of the fingers to the throat, the pain extending to the back; burning pain during menstruation and tingling in the crural nerve. All the symptoms relating to the ovaries were relieved for a time by Bromin. 200[3]. For a permanent cure the patient had to take Kali brom.[10] for a considerable time. The other symptoms required other remedies.

Aching pain in the left ovary, with pain in the sacrum,

particularly aggravated by walking, menstruation every three weeks, and too profuse. *Bromine[3] cured the pain in the left ovary; but Ferr. iod.[3x] had to be prescribed for the menstruating pain in back. The pain in the left ovary was always better during menstruation, but worse before and immediately afterwards. It was entirely relieved by Bromine[3].

Dead pain in left ovary, with swelling of both, *Bromine[3]; a sleeplessness accompanying this case was cured by Lycop.[3] Shooting pain in the left ovary and left side of the head, with throbbing on vertex, slightest touch painful, *Bromine[6]. The greatest ovarian sedative is, undoubtedly, Kali bromat.; it seems to act particularly on the left ovary; there is also, sometimes, a shooting pain from the left ovary to the hip.

Cantharides.—A heavy, aching pain in the right ovary, with bearing down, and depression of spirits, was cured by Cantharides[4] (after the cure her natural lively temperament returned).

Cimicifuga racemosa.—Neuralgic pain in the left ovary was cured by Cimicifuga racem.[4]

Colocynth.—Cutting, aching pain in the left ovary, particularly on exercise; menstruation slight; leucorrhœa, with itching and burning. *Colocynth* cured the pain in the ovary, but the leucorrhœa was cured by other remedies.

Severe aching pain in the left ovary, extending to the back; sometimes, also, pain in the right ovary, Colocynth[3].

Burning pain in the left ovary, following a pain in the right kidney; better after sitting down, and resting at night; aggravated by exercise, *Colocynth*[6].

Conium.—Induration of the ovaries, **Conium*[6].

Eupion.—Burning pain in the left ovary, from overexertion; mental anguish from disappointed hope, *Eupion[3]; five drops every evening.

Ferrum iodatum.—Coldness in the left ovary and bladder after micturition, the coldness extending down the limbs, with bearing down from the back, **Ferr. iod.*[3x]

Graphites.—Pain in the right and left ovary, particularly in the right, with deficient menstruation, or amenorrhœa, **Graph.*[2,6].

Swelling of both ovaries, with undulating motion, with pain on stooping, and pressure; also, pain in the back: **Graphites*[1].

Gossipium.—Stinging, burning pain in the left ovary, with swelling; prolapsus uteri, and headache over the eyes; the pain in the ovary extending down the left limb, before,

during, and after menstruation: *Gossipium[4]. The cure was afterwards completed by Cimicif. racem.[1]

Sticking pain in the left ovary, soreness in the uterus, constipation, with pain in the back; cannot lie on it, it feels as if broken, has to lie mostly on the stomach: *Gossipium[3] cures.

Stinging, burning pain in the left ovary, **Gossipium.*[3]

The stinging, burning pain is the most characteristic pain for the employment of Gossipium.

Iodium.—A case where high dilutions of Iodium relieved, but afterwards proved inefficacious, is the following (it was at a time I made full trials with the high dilutions):

Mrs. K. had, since her marriage (contracted at the age of 36), spasmodic pain in the right ovary, and also slight pain in the left, beginning with a chill and terminating with a fever. The pain is aggravated during the catamenia; formerly she had also an induration between the scrobiculus cordis and the umbilicus; at present she has only a sinking weakness of the stomach. The spasmodic pain was partially relieved by Iodium 1000, and afterwards, when the 1000th dilution ceased to relieve, by the 13th and 12th dilutions. But it was only after the 6th dilution of Iodium was prescribed that a complete cure was effected,—after the higher dilutions and other remedies were employed without benefit. The hardness of the stomach with a leucorrhœa was previously cured by **Kreosot.*[6]

Lilium tigrinum.—Enlargement and pain in the left ovary, with sensation of heavy weight, **Lilium tigr.*[3]

Pain in the left ovary, with anteversio uteri, leucorrhœa like white of eggs, left side dragging down, *Lilium tigr.*[1]

Aching pain in the right, and sometimes in the left, ovary, offensive leucorrhœa, great weakness during menstruation: **Lilium tigr.*[1]

Graphites[2x] also benefited this case.

Naja tripudians.—*Naja tripud.*[3] caused and cured cramps in the left ovary, with violent palpitation of the heart.

Oleum jecoris aselli.—Burning in the right and left ovary for three years, also burning in the right kidney, with leucorrhœa and globus hystericus, was cured by *Ol. jecor. as. spiritus*, five drops in repeated doses. In addition Calc. hypoph.$\frac{1}{4}$ was prescribed.

Podophyll. peltatum.—Shooting pain in the right ovary, before and during menstruation, Podophyll. pelt.[3]

Tired pain in the right and left ovaries, with external swelling in both limbs, the swelling and pain extending down below the knees, particularly on the right side. This pain

extending to the knees is a characteristic indication for the employment of this remedy. Many similar cases were cured by Podophyll. pelt.[3] and Podophyll. pelt.[6]

Pain in both ovaries, connected with disease of the liver, light-colored evacuations, Podophyll. pelt.[10]

Ovarian cysts are frequently cured by the *Mineral waters of Hall, Germany.* They contain: Chloride of sodium, Magnesia, Iodium, Bromine.

EMPYEMA, WITH ABSCESSES IN THE LUNG.

BY W. J. MARTIN, M. D., PITTSBURGH, PA.

(Read before the Anatomical Society of Allegheny Co., Pa., March 27th, 1885.)

William R., a wiry young blacksmith, thirty years of age, sent for me November 20th, 1884. On calling, I found that the man had been sick some three weeks with pleurisy, and under the care of a very careful and competent physician of our school. Unfortunately for both physician and patient, effusion had taken place, which misfortune the patient seemed to think was in some way due to want of skill on the part of the physician. I at once endeavored to disabuse his mind of this error.

A glance at the thorax showed the right side to be much fuller than the left, the intercostal spaces bulging very much. On percussion, the whole side was dull, except a portion the width of four fingers just under the clavicle. Dyspnœa of course was great, the pressure of the effused matter on the yielding pulmonary structure preventing completely the entrance of air. The patient thought his side had been in this condition for about a week.

Appreciating the gravity of the case, and wishing to be sure I was right before going ahead, I suggested a consultation, which was agreed to at once. Pres., Sulphur[30]. The following day, Dr. J. H. McClelland saw the case with me, confirmed the diagnosis in every particular, as well as the prognosis, which was considered doubtful, indorsed the prescription of Sulph. and advised that Arnica be given in conjunction. The patient's pulse was 96, temperature but slightly above normal, appetite indifferent, sleep poor, skin always dry.

From November 21st to December 21st, I visited the patient two or three times a week, prescribing during that time Sulphur, high and low, Arnica, Bryonia, Kali jod. and

Iodine, and while he said that he felt no worse, I was sure that he was no better on the 21st of December than on the 21st of November. The effusion had not diminished, though I must say it had not increased, and the patient's general condition seemed to be a little better than when I saw him first. I determined to perform paracentesis thoracis; it was useless to wait longer for the action of remedies,—to delay any longer was dangerous. Reynolds's *System of Medicine*, vol. ii., article on Pleurisy, gives the following among other rules to be observed as indicating the operation: "In all cases where a pleuritic effusion, occupying as much as one-half of one pleural cavity, has existed as long as one month, and shows no sign of progressive absorption." Also "In all cases of pleurisy, at whatever date, where the fluid is so copious as to fill one pleura, and begins to compress the lung of the other side; for in all such cases there is the possibility of sudden and fatal orthopnœa."

On Sunday, December 21st, I withdrew from the right pleural cavity, by means of the aspirator, *four quarts* of serum, milky in appearance and density, and without any odor. Great relief followed, but percussion the following day revealed a dulness of the anterior and lateral portions of the right lung. The upper portion of the lung was clear. Had consolidation taken place? I feared so. Pres., Iodine[3].

In two weeks the condition of the chest was as bad as when it was aspirated, and I repeated the operation January 6th, 1885. The fluid discharged was decidedly purulent, and after drawing off some two quarts I withdrew the aspirator needle and introduced a trochar and canula. To the canula, after the trochar was drawn out, and while the pus was flowing through in a full stream, a rubber tube some two feet long was attached, with the distal extremity in a basin of water. The canula was secured in such a manner as to prevent it from slipping out; the patient lying quietly on his back, and the tube constantly under water, thus preventing absolutely the entrance of air. The day following the introduction of the canula, the discharge had almost ceased, and I proceeded to wash out the pleural cavity with carbolized warm water, making use of a fountain syringe for that purpose, the bag of which was suspended several feet above the patient's bed, the nozzle of the tube being introduced into the canula tube under the water, thus again preventing the possibility of air entering.

January 8th, two days after introducing the drainage-tube,

I carefully examined the condition of the lung, and found dull sound on anterior and lateral aspect of the lower and middle part of the lung. The tube had slipped out of place, and I took advantage of this circumstance to make a thorough examination. This dulness was not affected by the position of the patient; it was the same when he sat up as when lying down, or when on his back as when on his stomach; and as he was having a decidedly hectic appearance in the afternoons, with a rapid pulse, and temperature above normal some three degrees and more, I felt confirmed in my suspicion of one or perhaps two pulmonary abscesses.

Replacing the drainage-tube, we got a free flow of pus, and then proceeded to again wash out the cavity in the manner already described. While the carbolic solution was flowing into the chest, the patient experienced a suffocating sensation, drew a deep breath, gave a violent cough, and cried out in alarm that the acid was coming up into his mouth, at the same time spitting out a mouthful of pus, tasting and smelling of carbolic acid. The syringe was immediately detached, and out rushed through the canula and tube (which was still under water) a torrent of heavy, stinking pus, which in a very short time filled the room with an intolerable odor. Thus was evacuated one of the pulmonary abscesses.

The flow gradually decreased, and in three days stopped entirely,—we were washing the chest out morning and evening, using carbolic solution in the evening and a solution of Platt's Chlorides in the morning. Examination showed that some fluid was still in the pleural sac, for it changed its location with the changes of position of patient's body. I withdrew the tube, which was in the ninth intercostal space, and reintroduced it in the seventh interspace. This manœuvre accomplished the result desired,—a free discharge, which continued—slightly decreasing daily—when, without warning, another abscess broke and discharged through the tube. The amount of pus from this was even greater, and the odor more intolerable than from the first one. It broke and discharged in the night, while the patient and attendants were sleeping, and it was the stench that awoke them. From this time, January 16th, just one week from the time of the opening of the first abscess, the patient made rapid strides healthward. We continued to wash out the chest twice a day; the pus discharged became lighter in color and less in quantity daily, and entirely odorless. The pulse and temperature came down to normal, appetite improved, with good sleep and an agreeable moisture of the skin.

January 26th, ten days from the evacuation of the last abscess, and twenty days from the first introduction of the drainage-tube, it was removed. Two months have now elapsed; the patient has steadily gained in strength and weight,—in fact, he weighs more than he ever did. He eats and sleeps well, has no cough or dyspnœa, and all the vital functions seem to be performed in a perfectly normal manner, and he says he never felt better in his life. For the past three weeks he has worked at his trade,—he is a blacksmith. But a careful physical examination of that right lung discovers some circumscribed dulness in its lower part. I think the areas of dulness correspond to the sites of the two abscesses; one is near the sternum, the other on a line with the axilla. There is no tenderness or soreness, and he can take a very full inspiration, though the mobility of that side does not equal that of the other, and we cannot expect that it ever will. The flatness of the right chest is very observable, but even this is less marked than when he first left his bed.

The case was a troublesome and desperate one; it was like a hand-to-hand encounter with death. To refrain from surgical measures longer would have been to let the man die. In vol. v., Ashhurst's *International Encyclopædia of Surgery*, article on Injuries of the Chest, by E. H. Bennett, M.D., President Royal College of Surgeons in Ireland, we find the following: "A single tapping of a pleural effusion may accomplish the object; but if the fluid appear to be purulent, further proceedings must be adopted, for with our present knowledge, the reproduction of the purulent effusion is a certainty. Temporary relief may be obtained; a cure without a free discharge of the fluid, which cannot be obtained by the aspirator alone, is an impossibility." Elsewhere he says, "In the case of purulent effusions, the matter will be reproduced, absorption of pus being in practice a myth."

The medicines prescribed during the time the drainage-tube was in, were Arsenic, principally, and Iodine. After removal of the tube, he took Lycopodium for several weeks with good effect. He has since taken Phosphorus, and lastly, for sweating during sleep, China, which has cured it.

I cannot close this paper without acknowledging the aid I obtained in treating the case, from reading and re-reading a most excellent article entitled "Pyothorax—Two Clinical Cases," from the pen of Dr. H. C. Leonard, of Fergus Falls, Minn., in the *Medical Counselor* of September 15th, 1884.

THE CARE AND TREATMENT OF WOMEN DURING THE LYING-IN PERIOD.

WITH THE VIEW OF CURING PRE-EXISTING, AND THE PREVENTION OF SUBSEQUENT UTERINE AFFECTIONS.

BY B. F. BETTS, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

Modern obstetric science requires the physician in attendance upon women during parturition to have a thorough knowledge of the normal physiological processes which effect delivery; to be apt in the diagnosis of those conditions which interfere with the normal processes, and skilled in the application of means to overcome the obstacles they present, in order that delivery may be effected as speedily and as safely as possible.

After parturition, it is likewise his duty to guard his patient from septic infection, and secure for her quietude and rest, so that the wonderful physiological process which follows immediately upon delivery, and results in a restoration of the reproductive organs to their original place and condition in the pelvis, may be properly performed.

Most patients are aware that the calm which succeeds the storm of parturition may usher in symptoms far more dangerous to life than any that they have braved before. Consequently, they are generally careful, and willing to follow his directions for the first few days of the lying-in period, but after that, if they have escaped these dangers, but few consider the fact that there is still to be accomplished this important physiological process of involution, which alone can secure to them the prospect of future health and comfort; or that this process may readily become morbid or deranged from unfavorable conditions.

In this city, custom limits the attendance of the physician upon such patients to a period of ten days or two weeks after parturition, and at the expiration of that time, if no serious symptoms have developed, he usually dismisses himself, totally unmindful of the condition the pelvic viscera may be in. A former uterine displacement may be re-developing; there may be pelvic pains complained of, which were never experienced before, or she may have such discharges from the vagina as drain her system of the vigor she stands so much in need of to sustain herself and child. Yet no examination is made by the physician, nor treatment solicited by the patient, for she has, perhaps, already imbibed the impression that such suffer-

ings are a necessary concomitant to parturition. She looks about her in her misery and finds so many others suffering in the same way, from apparently the same cause, that this impression becomes such a *conviction* as to make her shrink from the responsibilities and dangers of maternity in the future. Do we wonder that she turns a deaf ear to such reasoning as would convince her that it is a holy mission for a woman to become a mother? For does not such an entailment of suffering seem better suited to serve the purpose of a penalty for sin than a reward for obedience to the first injunction from the Creator, "to multiply and replenish the earth?" Statistics have shown that nearly three-fourths of the women who apply for treatment on account of uterine affections date their sufferings from previous childbirth or abortion. But such an entailment after parturition cannot be necessary; it must be avoidable to a greater extent than this. And it will be, when we bring to the treatment of the lying-in a thorough understanding and appreciation of the normal physiological process of involution, become apt in the diagnosis of those conditions which interfere with this process, and skilled in the application of the means and methods to be applied to overcome the obstacles they present.

The accoucheur will not fail to inform his patient of the necessity for care and prudence at this time, neither will he be relieved of his responsibility in the treatment of the case until he has used his best efforts to secure to her all those conditions which will facilitate her recovery, and render it possible for *all* her bodily functions to be performed in a healthy manner in the future.

This should be the aim and object of treatment during the lying-in period. If the physician allows a patient to pass from under his care in five or ten days after parturition, with the uterus still enlarged, or later, if it is displaced, or congested, and inflamed, when such a condition could have been prevented, is he not as culpable as the surgeon who would discharge as cured a patient with a dislocation unreduced, a fracture ununited, or a wound unhealed? In some cases, it is likely that the physician's attendance after the tenth or twelfth day may be thanklessly received, but, if he keeps some supervision over the case, and explains the necessity for it to the patient, he will generally receive more thanks than censure in the end.

He can never feel satisfied that the process of involution has been properly performed, and that there is no incipient disease springing from some displacement, until he makes a final

examination of the case at about the fifth or sixth week after childbirth. Even before this time, Nature will often avail herself of the opportunity to cure pre-existing disease if she is assisted intelligently. It will be found that diseased conditions yield more promptly and efficiently to our efforts to cure them at this time, hence it is a golden opportunity which must not be lost.

Where displacements are known to have existed previous to pregnancy, a tendency to a return will often manifest itself about this time; retroversions, retroflexions, and prolapses, are especially liable to recur about the sixth or eighth week after parturition. An examination should be made in all such cases, the displacement corrected, and proper treatment instituted. This may consist in having the patient assume a certain position in bed to favor the gravitation of the uterus into its normal position, or it may necessitate the application of a suitable pessary, to be worn for a few weeks, or until a cure is effected.

The indications for the remedies required are to be obtained from the character of the discharges, the character of the pains, the condition of the bowels, the temperament, etc., for it is a recognized fact that even the germ of uterine disease manifests itself by some perversion of function.

When there has been pre-existing hypertrophy of the uterus or a chronic uterine catarrh, special pains should be taken to prevent fecal impaction in the rectum during the lying-in period. The condition of the skin will require to be attended to, for the mucous membrane is nothing more than an inner skin, capable of being influenced by a healthy condition of the outer skin; but I can do little more than direct attention to this subject in the time I wish to limit myself to upon this occasion. If I have succeeded in impressing my hearers with the importance of care and treatment during the lying-in period, each one can work out the details for himself.

All recognize the importance of repairing lacerations immediately after parturition, when it is possible to do so; of avoiding those influences which are likely to set up inflammatory conditions; of promoting the mammary secretion; and, of quietude and complete rest both local and general. Yet, when the physician at his daily visit finds the uterus very much enlarged, and distended by clots of blood, which cause severe after-pains, perhaps, and deprive the patient of rest, treatment must be instituted for this condition. If the remedy fails to dislodge them, they must be removed by manual means in the gentlest possible manner.

Gentle but firm compression through the abdominal walls will often diminish the size of the uterus during the first week, provided the fundus is grasped by the outstretched hand or compressed between the two hands antero-posteriorly, and not forced down into the pelvic cavity.

When it is not absolutely necessary, all *vaginal* examinations should be avoided for at least three weeks after parturition, as they disturb the process of involution.

For the first few days after child-birth, the cervical lips "hang in the vagina like loose sails"; if they are torn, their raw surfaces are macerated in a pool of lochia which may cause septic infection unless it is removed. If they have not sustained a laceration, they soon bend forward at an angle with the body, becoming temporarily anteflexed.

If the patient is allowed to sit up in bed with her knees thrown far apart, a prolapsus is liable to supervene. To assume this posture with the trunk bent forward in order to nurse the child every two hours, and take the meals three times a day, will often lead to displacements of the uterus, pelvic congestion, and other painful accompaniments especially if the perineal body has been torn or very much attenuated and weakened.

It is much better to let the nurse wrap a warm blanket about the limbs and feet and turn them out of the bed on to a chair or stool when she is able to take her meals in the sitting posture, as there is then no eversion of the thighs and not so much pressure upon the fundus uteri. For the same reason it is better to let the patient slip out on to a suitable commode than to sit upon a low vessel in the bed to evacuate the bladder and rectum. In this way she gets the benefit of the position, to promote drainage from the uterus and vagina.

Lacerations of the cervix retard the process of involution in the uterus, in consequence of the hyperæmia they induce. So will emotional influences, especially of a sexual character, hence *these* may have to be guarded against by the nurse and attendants. Tufts and shreds of placental tissue keep up a discharge from the uterus which becomes bloody when the patient exercises more than usual, and in such cases involution is retarded.

It will be seen from these statements that it is unsafe to limit the lying-in period to ten days in all cases not attended with inflammatory conditions. A shorter time may suffice in the case of hard-working, robust women, but a longer period will be required in other cases. The physician should always judge of the necessities of the case from a careful consideration of the whole condition of his patient.

In the most favorable cases which have seemed to progress in the most satisfactory manner, a final examination should be made before the case is entirely dismissed from his care, or at the expiration of the fifth or sixth week from the birth of the child. In this way, he can satisfy himself of the condition his patient is in, and be better able to advise her how to proceed to secure for herself the prospect of health and happiness in the future.

THE CARE OF WOMEN DURING PARTURITION.

BY J. N. MITCHELL, M.D., PHILADELPHIA, PA.

SOMETHING over a year ago there were published by prominent obstetricians in New York City, certain antiseptic rules for the conduct of a labor. At the time of the publication of these articles and for some time afterwards, the majority of the profession seemed inclined to take a humorous view of the entire subject, and the journals for some time contained letters filled with ridicule and satire. The time has now come however when the results achieved by these methods can be given, and they are of such a character as to deserve close study and thought. When Dr. Guingues took charge of the New York Maternity Hospital, he found the following records: From the year 1875 to 1882 inclusive, the number of confinements was 2827; the deaths 116 or a little over 4 per cent. The highest percentage was reached in 1877; viz. 6.67 per cent. the lowest in 1881 when it fell to 2.36. In 1883 of 345 women confined, 30 died. In September of that year there were 9 deaths, and of 5 puerperæ who were seriously ill 1 died later. At this time, he introduced his reform of which the following details give the essentials: wards fumigated with Sulphurous acid fumes, and the floors and furniture washed with a solution of Corrosive sublimate (1–1000). Every patient on entering the lying-in wards, after the bath, had her abdomen, buttocks, genitals and thighs washed with sublimate solution (1–2000). During labor, vagina irrigated with latter solution. In prolonged labors, irrigation repeated every 3 hours. Great care of hands of doctors and nurses. Glycerine and Corrosive sublimate (1–1000) used for lubricating fingers before making internal examinations. Antiseptic pad applied to head during its egress, and to the vulva until the secundines had been expelled. Absorbent cotton covered with netting soaked in Corrosive sublimate solution applied to external genitals during child-bed period. This latter applied

and removed with the same care as in dressing a wound after a capital operation. Irrigation first of the vagina and afterwards of the uterus immediately after labor in all cases where the hand or instrument had been passed into the uterus.

Now mark the results: in the following 162 confinements there were no deaths; and from October to July of last year, of 409 patients confined, though many operations were performed but 5 died, and of these 3 only were from septic causes; of 571 confinements then under these antiseptic rules but 5 died or less than 1 per cent., against 2.36 per cent. the lowest mortality at any time before their adoption, and against a mortality of 30 out of 345 women confined just immediately before their adoption.

The study of these results and of others published as accomplished in the Dresden Lying-in Institution, the Maternity Hospital of Copenhagen, and others where rigid antisepsis is the rule, must convince the obstetrician that such rules are not without meaning and that he can no longer afford to turn the subject aside with ridicule.

Again, such results must go far towards convincing any who may yet be in doubt, of the danger of contagion with any and all septic matter, to the woman in labor, and furthermore I think that they must go far towards convincing us that the main danger in labor comes from without more than from within. That the reason of the mortality resulting from prolonged labors and from those needing operative interference, comes more from the greater liability to infection than it does from injuries of a surgical character. I think that everyone of much experience in obstetrical practice must have been surprised at times at some cases he has had of tedious prolonged labor, needing interference finally and perhaps some serious operation, such as version or craniotomy, where there has been no after trouble, and compared some other case in his mind where the labor has been easy and no lacerations of the soft parts have occurred and yet serious inflammations have occurred. Without the explanation of septic infection I should be at a loss to account for such results.

The first duty of a physician then is to refuse to attend cases of confinement when fresh from contagious cases or from contact with septic matter. A thorough bathing of the whole body, the complete disinfection of the hands, arms and hair should be thoroughly attended to and a complete change of clothes made before going to the lying-in room.

The care of his hands should be a particular study to the

obstetrician—a nail-brush being as much a part of his paraphernalia as his forceps—and a frequent use of it with care to clean and disinfect beneath the nails.

He should also see that the room in which his patient is to be confined is thoroughly clean and well ventilated, that all unnecessary woollen curtains and bed-fixtures are removed before her confinement, and if there has been any previous sickness, that the room is not only thoroughly ventilated but also disinfected. He should see that the lubricant provided for his use contains some disinfectant; he should use it freely before each internal examination and should make it a rule to make as few internal examinations as possible. I think one rule is much neglected that I consider a very important one, and that is an early diagnosis of the presenting position and also of any deformities in the pelvis that may prevent a natural delivery. A neglect of this rule often causes many useless examinations and frequent attempts to accomplish a delivery, thus subjecting the woman to increasing danger of infection, and possibly in a case where a more careful diagnosis of position and pelvis would have taught the attendant at the early stage of labor that a delivery was impossible except by some operative interference.

In all prolonged labors, where frequent examinations have been made, I should advise the use of a thorough irrigation of the vagina with an antiseptic before attempting any operation.

Immediately after the delivery of the child, the woman should be turned upon her back, and the perinæum carefully examined for any laceration, and such laceration sewed up as soon as the delivery of the secundines is accomplished.

Immediately after a labor is accomplished, the clothes should be removed, the bed should be thoroughly cleaned and the woman washed. This I consider to be very important, and always see that it is done, no matter how long and severe has been the labor, for the longer the labor, the greater the necessity of care and cleanliness. In a very long labor, I have made it my practice to have the clothes, if they have become much soiled, and the pads in the bed and the bedclothes changed during the labor and the woman washed. The comfort it gives to a poor suffering woman repays for the trouble, even if there be no danger of infection from such discharges about her. That there is danger from absorption from the woman's own discharges, cannot be doubted. One of the worst cases of pyæmia I ever saw, I was called to by one of

our students. The woman had been confined in his house by a physician who neglected her so much that the student persuaded her to allow me to be sent for. When I saw her on the second or third day after her delivery she was still lying in the discharges which occurred at the time of the labor with those added by the lochia, the whole mass putrid and stinking; she had not been washed since her confinement, nor had any of her clothes or the bedclothes been changed. Notwithstanding a complete cleansing and disinfection, she died in a few days.

I have so often heard physicians speak of the lochia as nature's method of cleansing the vagina, that I cannot but recall to your minds the investigations that have been made which prove the virulence of even normal lochia; and the fact that when such discharges are injected into animals they produce in them affections of a septicæmic character, and the tissues of such animals become filled with bacteria.

ON THE TREATMENT OF SCROFULOUS OPHTHALMIA.

BY WILLIAM H. BIGLER, M.D., PHILADELPHIA, PA.

I HAVE intentionally made use of the now almost obsolete term *scrofulous ophthalmia* in order to indicate at once my adherence to the old view as to its ætiology, and the indication to be met in its treatment.

Under the term I include both phlyctenular conjunctivitis and phlyctenular corneitis as occurring in children up to the age of puberty. To those who carefully inquire into the antecedents of the patients suffering with these diseases, there can hardly remain a doubt that it is one of the numerous manifestations of a vitiated constitutional bias, commonly known as the strumous or scrofulous diathesis. In some cases it may be the only existing symptom at the time, but in the majority it is but one of several.

The clinical features of the disease are probably known to all practitioners. They have all seen in the little patients the photophobia which is so characteristic of the disease, varying from the uncertain blinking and momentary upward glances of phlyctenular conjunctivitis to the intense dread of light of phlyctenular corneitis, causing the covering of the eyes and burying of the face in the pillow or on the nurse's arm, with the accompanying blepharospasm, to be overcome, for purposes of examination, at times, only by the use of chloroform. The

watering eye, the slightly incrusted lid-margin, the pimples on the cheek and around the eye, the running nose, and excoriated nostril and upper lip, and the constant "sniffling" clearly point to the phlyctenula which we know to exist on the conjunctiva bulbi, on the limbus corneæ, or on the cornea itself, beneath the reddened and perhaps œdematous lids. The general, though in many cases very slight, amelioration of the symptoms towards evening serves to distinguish this disease from catarrhal conjunctivitis, whose time of aggravation usually falls at the close of day and the introduction of artificial light.

Associated with these symptoms one or more of the following frequently occur as general indications of the scrofulous constitution, viz., swollen glands of the neck, eruption on the face or behind the ears, and a prominent abdomen.

Apart from the distress occasioned by the access of light, when an effort, either voluntary or forced, is made to open the lids, pain is not a prominent symptom. If it does occur, it does so most frequently in paroxysms, and usually at night, or towards morning. The pitiable condition of the little patients, the fretfulness and irritability naturally caused by the slow progress of the disease and its tendency to relapse, contribute to make the treatment of scrofulous ophthalmia easier on paper than in reality.

The list of medicines that I have found actually useful is short, although occasions may arise where striking symptoms will call for unusual remedies, more, however, to relieve these and to act as palliatives than to cure the condition.

The indication is to correct the constitutional basis of the local symptoms, which are in themselves really of minor importance in the selection of the remedy. The drugs commonly applicable are *Arsenic*, *Calcarea*, *Mercurius*, and their combinations, viz., *Ars. alb.* and *Ars. jod.*, *Chin. ars.*, *Calc. carb.*, *Calc. jod.*, *Merc. nitric.*, *Merc. cor.*, and *Merc. dulc.* The indications that guide me in my choice of the remedy may not seem to be sufficiently precise, but the general outline can be filled in from any Materia Medica.

The more nearly the trouble *appears* to be limited to the local manifestation, the more strongly am I led to Mercurius in some form, usually either the *Nitric.*[3x], or *Corros.*[3] or *Corros.*[6], the former in the milder, the latter in the more severe cases. The dusting-in of Mercur. dulcis (Calomel) where the inflammation is not too active is often wonderfully efficacious, even without its internal administration. I have found it only to do harm, however, where the local symptoms are severe.

In the preparations of lime, the constitutional condition comes more to the front, since there is really nothing characteristic in the eye-symptoms. The local manifestation is only one of many, showing a depraved condition of the system. The fat, flabby, pasty-looking face, with its hanging cheeks, the running nose, the eruptions about the face or head, and the prominent abdomen will point to Calcarea carb.[6] Where there is decided enlargement of the cervical glands, I prefer the *Calc. jod.*[6], especially if the patient is rather thin than flabby and gross.

My sheet-anchor, however, in the treatment of this disease is Arsenic, in some one of its preparations. It seems to combine most of the virtues of a local as well as a constitutional remedy, and is especially suited for the badly-nourished scrofulous children of the poor, among whom this disease is most likely to be met with. The *Arsen. alb.* is of most frequent applicability. We have, indicating its use, corneal ulcerations and hence intense photophobia, profuse burning, excoriating lachrymation and discharge from the nose, and reddened and raw nostrils and upper lip. The children are restless and very peevish, and the general appearance of the child shows that this condition of mind is perfectly excusable. After the 6th and 30th in water have failed me, grs. 2–3 of the 3^x trit. every three hours have often been followed by marked and speedy improvement. In such obstinate cases Fowler's Solution of Arsenic has often been of service. Arsenic. jod. 3^x–6^x is another preparation that has been found very useful when, in addition to the above symptoms, there is present prominent swelling of the cervical glands. Another remedy, of the use of which by others I have no knowledge, is *Chininum arsen.* I was led to its employment in a couple of obstinate cases occurring nearly at the same time, where the seemingly most characteristic symptom was the pain waking the child every morning at 1 or 2 o'clock, and lasting sometimes for an hour or more. The periodicity, the cachectic condition of the patients, and the failure of Arsenicum in other preparations led me to try Chininum ars. It was followed by *immediate* relief, and I have since then applied it chiefly on the indication of *distinct periodicity* (not necessarily at night) where the symptoms would seem to call for Arsenic, though perhaps not quite intense enough.

This closes the list of those remedies upon which chief reliance can be placed. It is true that where the characteristic moist eruption behind the ears is very prominent, *Graphites*[30]

has been used with good effect, in the same way that my favorite *Viola tric.* has cured the scrofulous ophthalmia and an existing tinea capitis, where this latter has seemed of most importance. So, also, *Cina*, and more especially *Cham.*, have occasionally been used in the same way and with the *same* right (*but no greater*) that another would have to use an anodyne as a palliative, but with no expectation of influencing the disease except indirectly.

More than the mere giving of the indicated remedy is generally necessary to the successful conduct of a case of this disease. The diet should be carefully regulated. The constant eating of crackers and sweet cakes, to which the patients are inclined, should be especially forbidden. The more that milk enters into the diet the better. Cod-liver oil, as an article of diet, once or twice a day, will often materially promote the well-being of the patient.

Tepid water should be used in the cleansing of the eyes, and this should take place as often as any little crusts are noticed on the edges of the lids. After the removal of these an application of Cosmoline or Vaseline is of benefit. The photophobia is most readily relieved by the instillation of a solution of Sulphate of atropia (grs. 1–4, ad ℥j), two or three times a day. The, in my experience, quite frequent occurrence of an atropine conjunctivitis must be borne constantly in mind, and if the inflammation does not seem to yield as it should, an interruption in the use of the anodyne will often show what has been the cause. In the use of a compress-bandage my practice varies; while, in some cases it is undoubtedly necessary, in others its continued use, contrary to the wishes of the patients, is more productive of harm than of good. A dark, close-fitting shade, or a pair of smoked spectacles (coquilles) is in the majority of cases sufficient. Whatever protection is used, it should never interfere with the proper cleansing and examining of the eye. I would, however, earnestly deprecate the ruthless and, in many cases, needless tearing open of the swollen lids of a screaming child. A few whiffs of Chloroform are usually sufficient to enable us to examine the eye, and to instil the Atropine if necessary, without risking the renewed and heightened inflammation that the other course so often causes.

In the case of children old enough to go to school, who are compelled to use their eyes in reading and study, some error of refraction often is the cause of renewed attacks of inflammation. Here, besides the indicated remedy, the use of spectacles will be found necessary to complete the cure.

This paper makes no claim to being an exhaustive treatise, but only a concise and practical statement of the remedies and appliances that have stood the test of my own experience in the treatment of this form of ophthalmia occurring up to the age of puberty. After this period, apparently the same pathological condition, having different occasions for its manifestation, will require a different set of remedies, in addition to and sometimes in connection with those mentioned above.

THE EXAMINATION OF THE PATIENT FOR THE CHOICE OF THE REMEDY.

BY H. N. GUERNSEY, M.D., PHILADELPHIA, PA.

BEFORE proceeding with a discourse upon the above subject, it seems to me important, for its better understanding, to briefly explain the true philosophy of disease. Every disease, of whatever nature, has its origin, its progress and its termination. The whole human race is constantly exposed to morbific or disease-producing influences of some kind. In order that any disease may originate in an individual, it is absolutely necessary for an influence or morbific agent to become as it were planted in that individual, that it may there take root and grow. Of course, then, it must have a living, a vital form of existence. As a disease grows, its effects or phenomena become manifest, and these become its symptoms and constitute the disease itself. To illustrate the preceding remarks, I will adduce the following.

We vaccinate a person; if the vaccination "takes," that is, takes root and grows, all the phenomena that follow become and constitute the symptoms of cow-pox. So of the disease called small-pox. If an exposure to its morbific influence becomes effective, then it has taken root in the individual so exposed; it grows, and the phenomena which follow characterize the growth as small-pox. The same philosophy is true of measles, of whooping cough, of mumps, of all the different kinds of fevers, of gonorrhœa, chancre, and so of all the manifold disorders to which flesh is heir. They all have a distinct origin, and a specific growth, some very short lives, others of years' continuance, displaying symptoms often many sided and wonderfully diversified, all of which as a whole constitutes the disease. Such in brief is the true philosophy of all diseases.

It is truly wonderful that Samuel Hahnemann, one hun-

dred years ago, should have recognized the above facts, and have discovered and established a corresponding and an equally true philosophy for curing diseases. This work he effected by constructing his masterly Materia Medica, by proving one remedy at a time, bringing out and displaying symptoms peculiar to each and which are often as many sided and wonderfully diversified as are the disorders we find in our daily experience. This comprises the whole philosophy of Homœopathy pure and simple, by a profound knowledge of the entire phenomena of a disease so as to know what is to be cured, and again a profound knowledge of the entire phenomena of a well-proven remedy so as to know what it is capable of curing. Then a proper selection of the latter placed in juxtaposition to the former, results sooner or later in a cure.

This is both a rational and a logical idea, and fully accords with Hahnemann's *Organon*, which reads as follows, paragraph 12: "It is solely the morbidly affected vital principle, which brings forth disease, so that the expression of disease perceptible by the senses, announces at the same time, all the internal change—that is, all the morbid perturbations of the vital principle; in short, it displays the entire disease." And in a foot-note to the same paragraph, "In what manner the vital principle produces morbid indications in the system, that is, *how* it produces disease, is to the physician a useless question, and therefore will ever remain unanswered. Only that which is necessary for him to know of the disease, and which is fully sufficient for the purpose of cure, has the Lord of life rendered evident to his senses."

We are now prepared to proceed with the main question, "The examination of the patient for the choice of the remedy." This is altogether a different procedure from the one mentioned in the paper just read. Although by a clear diagnosis of a disease, our attention may be directed to a certain class of remedies which in such classes have been used most frequently or successfully, it does *not* by *any* means reveal to us *the* remedy for a given case. (These lists of remedies for certain types of diseases are increased every year by the observation of new peculiarities, or new combinations in actual cases presenting themselves at the bed-side, and by means of careful comparison with the Materia Medica.)

Such peculiarities we find in the nature of pain, its location, its shifting, its *tempo* (incessant or spellwise, coming suddenly and leaving suddenly, or increasing slowly to a certain pitch, and then decreasing slowly, etc.); the causes or conditions by

or through which pain is ameliorated or aggravated, relieved entirely, or brought on anew; in the nature or peculiarities of the discharges, from where they may issue; in the peculiarities of the mental or emotional state of the patient; in the causes which lie at the bottom of the present morbid manifestations; in the succession of the symptoms in which the latest are often the leading symptoms for the choice of the remedy. These peculiarities are only a few of those which we are obliged to take into account in every examination of the patient for the choice of the remedy. The art of prescribing for the sick is an art to be learned as in every other art, and when well learned, we practice it almost unconsciously. That is to say, the mind grasps the whole matter of prescribing, and performs a vast amount of labor, coming to conclusions that are accurate and successful in a very short time. A physician of ripe experience has often only to cast his eye upon a patient, and in that one look his mind reads volumes in a moment, and his choice of a remedy is made and a successful choice it will prove to be. Would we become so proficient, it is only necessary to devote ourselves to the task. How much time a practical chemist has to devote to his laboratory and how nice and accurate must he be in all his experiments and operations in order to become skillful and successful. He must follow expressed rules and be governed by principles, and then much patient labor will bring him liberal awards. The same is true of all the arts and sciences, would one become proficient therein. So in the practice of Homœopathy. Would we advance and move the world before us, we must be governed by the principles underlying our science, and follow such expressed rules as will enable us to apply and rely upon our principles with all the firmness of the rocks of Gibraltar.

The skillful examination of the patient for the choice of the remedy in all cases, unquestionably will lead us to that pinnacle of fame in healing the sick that no other course can do. To carry out this plan is, in the beginning, slow and tedious; but it is the learning how to do it, and when learned it becomes rapid and efficient.

The plan of examining the patient for the choice of the remedy, could not be better explained than Hahnemann himself has done it in his *Organon* in paragraphs 83–99 inclusive; by reading these paragraphs over and over again, and becoming perfectly familiar with the process, and then by carrying the plan into actual practice, although slow and tedious at first, after a while the plan becomes rapidly performed with great

precision and the most perfect efficiency—rendering entirely unnecessary all Allopathic afflictions, such as hypodermic injections, opiates, purgatives, emetics, mustard plasters, warm baths, etc., etc. Drs. Hering, C. Dunham, P. P. Wells, Wm. P. Wesselhoeft, and the members of the Bureau, presenting these papers to-night, and all here and everywhere who practice Homœopathy pure and simple, have all waded through this very tedious plan, and waited until proficiency in the true and efficient way was attained. And now allow me to ask, is this symptomatic treatment? The contemptible symptomatic treatment lies wholly on the other side of the way, where pain, no matter of what kind or origin, is suppressed by morphine injections, where sleeplessness is converted into stupor by morphine, chloral, or bromide of potassium, where constipated bowels are liquefied by purgatives, diarrhœa is checked by opiates, where intermittents and other fevers are covered over by quinine, where rheumatism is exploded by salicylic acid and the patient too, and where typhoid fevers are drowned in brandy, etc.

Now the initiated and the educated can see plainly enough how the matter stands, and, can perceive and estimate between the vulgar and eclectic method of practice and the nice scientific and rational methods of Samuel Hahnemann.

One thing further needs to be considered, where there is a scarcity of symptoms, and, as some non-observers often say, no symptoms at all, such observers and practitioners need to consult paragraphs 144–147, inclusive, of the *Organon*, and to follow the teaching therein described.

In fact, Samuel Hahnemann's *Organon* of the art of healing offers the only successful plan, and all that can be desired in restoring health to the needy, by selecting the proper remedy.

ULCERATION ABOUT THE JOINTS A COMPLICATION OF SCARLATINA.

BY EDWIN VAN DEUSEN, M.D., PHILA.

(Read before the Philadelphia Medical Club.)

Less than a year ago, I was called upon to attend a much afflicted family. The father and mother, by neglect of the most ordinary health laws in the one case, and by positively criminal mal-treatment in the other, had made worse their constitutions which were bad by heredity.

The older of the two children, who were aged about eight

and nine years respectively, was pot-bellied, had a rather large head, a thick voice, a chronic nasal catarrh, a tendency to skin affections and glandular swellings, and a kindly disposition. The younger child was not pot-bellied, that is, not markedly so, although her abdomen was more protruding than would be looked for in a well-formed child; her head was not large, and she had a very unkindly disposition. She was irritable, fretful, peevish, petulant, impatient of the least restraint, and she had a temper which was appeased only by the gratification of her desire. Otherwise, she was like her brother. She did not seem to have a single healthy, well-balanced cell in either mind or body. Not much recuperative ability was to be expected under such circumstances.

The evening that I was called she was vomiting violently, and the next morning the disease was pronounced to be scarlet fever. Her temperature in a few days reached 105.8° F. She was very delirious, and she persisted in getting out of bed. Once she succeeded in getting down stairs, although she was so weak she could scarcely walk.

About the end of the first week, she began to scream when she was moved in bed. After a careful examination, the only apparent cause for the outcry was pressure on a small red spot on the sacrum. This red spot very soon became an angry-looking ulcer, and within a few days it was three inches wide and four inches long, with bluish indurated edges, and the base was covered with a greenish-yellow, stringy pus, which, with the aid of a dim light and a stretch of the imagination, might have been conceived to be a membrane.

The family was much afflicted. The younger child, a boy, had been taken sick two days after his sister. He had been given Bell.[2], as had also everybody in the house, but it did him no appreciable good. He became red from head to foot. The front of the neck became œdematous. His delirium consisted of muttering; his head rolled; his eyes rolled; his lips became dry and black; his muttering gave place to a constant rhythmic grinding of his teeth, which closed doors could not silence, which greeted me the moment I entered the house and clung to me after I left it.

The father was sick in bed. He was delirious when the boy was buried. The mother was walking about with a throat red and shining as if varnished, and a temperature 101.8° F. One nurse, so-called, was sitting over the kitchen range with her neck tied up, a headache, a back-ache, a stomach-ache, waiting only till she could assure herself that she was too sick

to stay, or rather that she was sick enough to desert her post —the kitchen range. The other nurse was wearing herself out waiting on the household night and day.

Had it been otherwise perhaps the ulcer on the little girl's back had not increased to such great size, and yet while her delirium lasted it was impossible to control her movements. As soon as she became rational, she was kept on her side, and the ulcer was dressed twice a day with Carbolized cosmoline, after being washed with a cherry-red solution of Potassium permanganate. She was given first China 3^{x} and then Silica 6^{x} trituration, and she was allowed a liberal diet. The Silica seemed very beneficial, and the ulcer healed in three weeks.

It was, nevertheless, much less troublesome than two other sores which made their appearance a few days before the delirium passed off. One was on one elbow and the other on the opposite knee. What determined the location I am unable to say. Possibly some slight abrasion, although there were other parts more liable to abrasion, which showed no signs of trouble. At first they received little attention. They were not painful, and there were other points in the case which demanded greater attention. Gradually the child improved, and as gradually the ulcers on the elbow and knee increased in diameter and in depth, and in importance.

What had been dark crusts about her mouth and nostrils had become sloughing sores, and pus was freely discharged from the nostrils. She presented almost as bad an appearance as if she had confluent small-pox. All this time her face was considered to be most seriously affected, yet under the same treatment that the other sores received it improved with comparative rapidity, and within a month was in a very presentable condition. The discharge from the nostrils continued to a slight extent, and even now, ten months since, recurs slightly with little provocation. She did not have otitis nor any ulcerative inflammation of the pharynx so far as I could determine. She did have a slight suppurative vulvo-vaginitis, and this at present occasionally recurs. Probably it would be better to say that usually the discharge from the vagina is very slight, but that occasionally it becomes pronounced and purulent, for I have no doubt there is a constant subacute inflammatory condition of the mucous membrane of the vagina, and that her general health in a great measure determines the character and degree of the inflammatory changes.

The sores on the knee and elbow gradually grew worse.

They were covered by a grayish, greenish, yellowish pustular film, which only lacked structure to make it membranous. The edges were raised, rounded, regular, indurated and bluish. The one on the knee became as large as a silver half-dollar, and the one on the elbow larger than a silver dollar. The smaller one, although it gave me less concern, did not heal more kindly than the larger. When the sore on the elbow was cleaned, the ligaments about the joint were laid bare. The sloughing went no deeper, but for ten days I did not know but that my patient would get well with a stiff arm if she got well at all. She is not well yet. The sore has healed and opened a half dozen times since then, and at present it is open again in two places, each as large as a silver three-cent piece.*

My treatment was cleansing with a cherry-red solution of Potassium permanganate, and dressing with Carbolized cosmoline, and the administration, principally, of Silica 6^{x}. I had used Hepar sulph., Kali bichrom., Nitric acid, and some other remedies, but Silica was by far the most beneficial. Under its use, the pus lost its filmy character, and its grayish, greenish tint, and granulations sprang from the base. The edges softened and became red, and the sore assumed a generally healthy appearance. The granulations became exuberant, and I used the solid Nitrate of silver. The sore was very slow in being covered, and when I finally was able to declare it healed, the new skin looked more like a coating of a red varnish than like skin. The sore on the knee did not fill so completely, and the scar is slightly depressed, but it has never given any trouble since the bandages were removed.

The father has lately volunteered the information that he thinks when the sore on the elbow is open the child seems better, and when it is healed she seems to be worse. On closer inquiry, he said he was sure her appetite was better when the sore was open, for her mother had to restrain her to prevent her eating so much as to make herself sick, and he thought she was less irritable, but on this point he was not certain.

Syphilis has suggested itself to my mind several times in the course of this case, but I am not prepared to ascribe all low-grade inflammations to the immediate effects of syphilis, nor am I prepared to deny that almost all, if not all, low-grade

* Since writing the above, the child has had Sulphur 3^{x} ½ gr. every day for a week, and every other day for three weeks. The arm looks better than at any time since her illness, and her health physically and mentally is better than ever before.

inflammations, not dependent upon exposure, starvation, etc., are due to the remote effects of syphilis. I have been entirely unable to find positive proof of syphilis in either parent of my patient; in fact, I have found no evidence whatever.

In my reading upon the subject of scarlatina I find no mention whatever of ulceration about the joints as a complication or sequel. In only one place have I seen mention of a condition resembling in any respect that of my patient. In his work on diseases of children, published in *Wood's Library*, March, 1882, Dr. Henoch says (page 274): "I have very rarely met with gangrene of the skin or mucous membrane, a few times as decubitus over the sacrum or other parts of the body which are subject to pressure, once as necrosis of the nasal cartilage, but never in the form of noma of the mouth or the female genitals, such as has been occasionally observed by others. Among the frequent sequelæ must also be mentioned abscesses of the neck, back, hands, eyelids, and the immediate vicinity of the joints which finally led to marasmus from the continued suppuration, and in a couple of cases perforated into the joints lying in their vicinity."

Perhaps ulcers about the joints are to be considered as evidences of the same condition of system as that evinced by the formation of abscesses about the joints, and I am inclined to think that in these cases scarlet fever is to be considered the exciting cause only, and that the predisposing cause is to be found in the habit or constitution of the patient. To establish this point would require a personal knowledge of a considerable number of cases, and I have at my command only two. One is the case under consideration. In the other which was under the care of another physician, abscesses formed about the ankle, knee and hip joints, and there was considerable deformity. This, however, may have been due to the contraction of the cicatricial tissue rather than to changes within the joint. The case was attended under peculiar circumstances and could not be watched as closely as was desired.

In both cases, the scrofulous diathesis was marked.

ULCERATION ABOUT THE ANKLE-JOINT DURING THE COURSE OF SCARLATINA.

BY JAMES KITCHEN, M.D., PHILADELPHIA.

In one of my families about 40 years ago, two of the children were taken down with scarlet fever, one a boy, 8 years old, the other a girl; the girl's case was a mild one, the boy's very

malignant; high fever with very heavy eruption and typhoid symptoms from the beginning; delirium, restlessness, sleeplessness, dry mouth with crusty tongue and sordes, foul breath and very unfavorable eruption of a dark-purple color and hæmorrhagic spots on different parts of the body with swelling especially about the feet; in fine, an uncommonly malignant case. On the morning of the sixth day, on the examination of the body, I found the right foot detached from the leg and lying on its side in the bed, having separated at the ankle-joint during the night; death followed in an hour after my visit.

INTERMITTENT FEVER CASES.

BY CHARLES H. BEEBE, M.D., PHILADELPHIA.

CASE I.—Mr. L——, æt. 24 years, had an intermittent fever for three months, the stages of chill, fever, and sweat all being marked. He attributed his trouble to camping out on marshy ground and to drinking stagnant well-water. For three weeks he was confined to his bed. The chills were finally suppressed with Quinine, following which he had severe tearing pains in the extremities, together with great debility, loss of appetite, and constipation. The tongue was thickly coated yellow. The fever came between 7 A.M. and 9 A.M., and followed by sweat, which did not relieve. I gave him Eup. perf. 6^{x}, which he took for three days, when the chills returned with relief of the other symptoms. Improvement continued until a perfect cure resulted.

CASE II.—Mrs. M——, æt. 35 years, had contracted intermittent fever when living in Kansas. The attacks now recurred regularly every autumn. When she came under my care, the symptoms presented themselves as follows: The paroxysms were severe, the perspiration being light, the thirst intense, desiring water in small quantities and at short intervals. She was very restless during the fever, and at night, and complained of burning pains in different parts of the body. The chill came on in the forenoon, and was followed by sweat, which did not relieve. I gave her Arsen. alb. 6^{x}, with a prompt amelioration of all her symptoms. I continued the use of this remedy, using Nux vom.^{30} occasionally, until she recovered.

CASE III.—J——, æt. 13 years, had chills, occurring at irregular times during the day, lasting generally from one to two hours. They were preceded by headache, nausea, and

pains in the back and extremities. The fever which followed attained, at its maximum, a temperature of 104°. Sweat was scanty. The bowels were constipated, the tongue coated, and the patient debilitated. There was more or less fever present between the paroxysms, the temperature ranging from 101° to 102°. Eup. purp. 3ˣ effected a prompt cure.

IODOFORM IN HEART DISEASE.

BY DR. BURKHARD, OF BERLIN.

(Translated from the *Zeitschrift des Berliner Vereines Homöopathischer Aerzte*, IV. Band, Heft IV. of November 15th, 1884, by Horace F. Ivins, M.D., Philadelphia.)

Revue Hom. Belge, Avril, 1884, by Dr. Martiny. [This article is found under the heading, "Reports from French Journals."]

THE writer first pointed out how uncommon it was to find homœopathic remedies, directly improving heart disease, *i. e.*, in contradistinction to the allopathic. He also referred to the comparatively few remedies which we still have for curing these cases, and of the desire to obtain more such agents, at the same time increasing the favorable results. He then continues:

A new accession to our curative means is to be found in Iodoform. That is Chloroform, in which three atoms of Chlorine, in combination with as many of Iodine, produce a fixed, firm, yellow combination in bright, flat, crystallized bodies of a characteristic odor. It is volatile, and soluble in ether, alcohol and chloroform; while nine-tenths of its weight is Iodine.

Furthermore it is—*a priori*—quite likely that its action on the circulatory apparatus itself, approaches that of Iodine.

The following is taken from an article by Prof. Bal Testa, "Ueber die Heilwirkung des Iodoform in organischen Herzkrankheiten." (*Journal de Clinica et Terapia* 1883. Vols. 8 and 9.)

"Moleschott was the first who used Iodoform in heart disease. He relies upon this medicament, because in healthy persons he can produce with it a strengthening of the heart's action and call forth an anxious palpitation. But why did this physician think of a curative action of this remedy? That is not easily understood. But what the scientist cannot explain, the empiric often seeks to fathom, and it is undeniable that in two cases of organic heart disease, the precious powder did wonders."

One can readily see what peculiar circumlocutions our allopathic brethren are called upon to employ in order that they may not speak of the law of similars.

In well persons Iodoform may produce nervous, anxious palpitation of the heart. A homœopathist would immediately conclude from this, that it must then quiet a palpitation of a similar nature; but the "scientist" would ask in all seriousness, if the medicine should not be employed in disturbances of the circulation. The case would, indeed, be peculiar if the law of similars did not apply to it; but the physicians of the old school write and speak of such an application as preposterous, absurd.

But let us see further.

Prof. Testa even now continues the experiments of the celebrated physiologist and reports his observations for the first time in the *Gazetta Medica Italiana de Padone*, November 28th, 1879. He referred there to two observations of insufficiency of the mitral valves, where the use of Iodoform gave excellent results.

The report which we present to-day embraces five cases. Before, however, we detail these, we shall not allow to pass unnoticed the fact, that Prof. Testa, convinced of the therapeutic worth of Iodoform, had attempted to explore scientifically and by experiment the method of its action.

In all animals experimented on, he found reduction of the pulsations by increased strength of the heart's action, and immediately after augmented arterial tension. The dose for dogs varied from 30 to 60 centigrams. When he gave larger doses the contrary action immediately supervened—weakness of the heart's action with decrease of arterial tension. Prof. Testa described the results of his experiments in a lecture delivered March 13th, 1883.

Clinical Observations.—1. K. A., æt 39. Severe dyspnœa, œdema of the legs, pulse weak, irregular; heart's action accelerated; loud systolic blowing was heard over the entire heart's area, strongest above, over the arch of the aorta, where a second soft, diastolic after-sound was detected; diffuse bronchial catarrh, engorgement of the liver, slight sediment in the urine. There was also stenosis of the aortic orifice with insufficiency of its valves.

Prescription: seven centigrams Iodoform in four pills to be taken through the day at intervals of two hours. Bouillon, soup and milk.

As no change was observed on the following day, the pre-

scription was continued, after which the pulse lost its intermittent character, the heart beat became regular, general condition better. Two pills were ordered to be taken in the evening only.

A few days later the improvement was marked; the dyspnœa less and the quantity of the urine augmented. After nearly a month, during which time the same treatment was continued, the patient was able to resume his occupation, having regained excellent health.

2. R. G., æt 40; rheumatic. At the apex of the heart a systolic murmur was heard. Œdema of the ankles. Insufficiency of the mitral valves with atheromatous degeneration of the arteries. Several previous mild attacks of hæmoptysis must be considered as symptoms of the heart and vascular diseases.

Prescription: 7 centigrams Iodoform in four pills.

The hæmoptysis recurred but once. Six days after the beginning of the treatment the patient was able to leave the bed.

In several cases of hæmoptysis, as a result of heart disease, Prof. Testa saw good results from the employment of Iodoform.

3. An old lady suffering from insufficiency of the mitral valves and bronchial catarrh received relief as in the preceding case.

4 and 5. Two patients with insufficiency of the mitral valves, engorgement of the lungs, and irregular heart beat, were cured in a few days by the use of Iodoform.

The healing power, developed by the remedy recommended by Prof. Testa for organic heart affections, or still more for the complications arising from these disorders, even when the heart disease is incurable, can readily be seen. In an English article at hand, by Dr. Hoepff (*Weekly Medical Review*, September 7th, 1883), is found the point in question. "Result of Iodoform poisoning on the heart, the liver, etc." From it we learn, that in four cases of Iodoform poisoning, fatty degeneration of the heart, liver and kidneys was found. The author obtained the same pathological changes in different animals experimented on. By means of injections of a weak, oily solution of Iodoform, the direct effect was a parenchymatous inflammation of the foregoing named organs.

The medicine must be employed with great caution, on account of its speedy action, and it may, in susceptible individuals, be very dangerous.

If this article be accepted, one will soon be convinced that Iodoform is a potent remedy.

It proved itself curative on one side, in the cases which were so speedily improved by it, and which were undoubtedly severe heart affections with their concomitant symptoms. On the other side it was proved by experiment that it can, in poisonous doses, give rise to fatty degeneration of the heart, liver and kidneys.

This remedy should be placed by the side of such heroic remedies as Arsenic, Antimony, and above all, Phosphorus.

I shall prepare an attenuated preparation of Iodoform, by the addition of alcohol, and experiment with it. We should not give doses bordering on the maximum, as our allopathic brethren do, but should employ an attenuation. We may only develop with Iodoform, as has frequently happened with many remedies, its most potent and curative effects when the high potencies are tested.

It is not necessary that one should be a prophet in order to say that in the old school, Iodoform will share the lot of Phosphorus, *i. e.*, to be in great part discarded. This latter drug, as in the case of the former, also produces, in large doses, fatty degeneration; and the allopathists are cautious with it, on account of the severe accidents which have resulted from its use.

Iodoform, in poisonous doses, produces anxious palpitation of the heart with severe degeneration of this organ and the larger vessels. We homœopathists, guided by this single, certain indication, will diligently continue our investigations.

After looking in vain through our other remedies—the indications for which are better known—we may prescribe this medicine upon this well-marked symptom. In that way we will not deal unjustly with our patients, and it will be a great advantage to our knowledge of the drug.

I hope my readers will all make careful use of every opportunity to test the action of Iodoform. After obtaining precise indications for its use in the extreme stages of organic heart affections, if they will publish the results of their investigations they will render a great service to therapeutics.

PHOSPHORUS IN RACHITIS.

BY C. HAPEA, M.D. (NEUSTADT A. H.).

(Translated by S. Lilienthal, M.D., from Allg. Hom. Zeit., 25, 1884.)

Reports of cases treated with many remedies cannot be very instructive, and it infringes on the rules left us by Hah-

nemann; we should publish only cases treated and cured by one remedy.

1. November 15th, 1883, I was called to Miss S., 14 years old, who suffered from infancy with scoliosis of the vertebral column; about six months ago she lost the use of her lower extremities; when she desired to change the position of a limb, she had to do it with her hands, so that it was clear that I had to deal with a total paralysis, in consequence of a spondylitis in the scoliotic vertebræ, which, pressing on the cord, produced an inflammatory state in the membranes of the cord and in the cord itself. We usually witness in the course of such a process an increased swelling of two or three vertebræ which bend outwardly and thus become painful on pressure, or when lying upon them. But in this case, neither an increased painfulness nor a stronger protrusion could be shown on any part of the column, and still no other diagnosis but spondylitis could be made out. The family physician, an old experienced practitioner of the old school and a clinical teacher, had been already consulted, who advised extension, which was carried out for six months without any benefit. I prescribed Phosphorus, 6th dec. dilution, three drops, morning and evening. I learned, January, 1884, that the girl began to move her limbs and tried to walk, but a personal visit showed that even supported on both sides she only shoved herself forward by the upper part of her body, and that she could not yet raise her limbs. February, 1884, the mother reported the appearance of the menses and steady improvement. The courses appeared henceforth regularly, and the amelioration steadily progressed under the continuance of Phosphorus, so that now she can walk up and down stairs, as if she had never been paralyzed.

2. A boy of ten years, of lymphatic constitution, whose mother perished from tuberculosis, suffers from swollen glands around the neck and spondylitis lumbalis; two or three vertebræ of the lumbar region are greatly swollen and very painful to pressure, and when lying upon them, there is total paralysis of the lower extremities, the boy can neither walk nor stand upon them. Being called on July 30th, 1884, I ordered absolute rest in the suspension-apparatus of Bauchfuss, and internally Phosphorus 3d, thrice daily, four drops. October 9th, the report was that the boy wants to leave his bed and to try walking. October 22d, he could run and ascend stairs. The vertebral column is not sensitive any more, but the kyphotic protrusion can still be clearly felt.

3. Last December, I was called to a child of a poor laborer, and found an emaciated child of three years, with high fever, hectic sweat, rattling breathing, incapable of motion, and thus constantly soiling itself. The seat of the disease was a spondylitis of the thoracic vertebræ with protrusion and pain. The whole state, especially of the lungs, was desolate and the prognosis ominous; my only hope rested on Phosphorus 3d, twice daily, two drops. After some time I accidentally passed through the same village, and the mother accosted me with the joyful news that her child is perfectly well and running about, taking steadily for the last six months the same drops, which she had renewed at the drug-store. I visited the family, but in examining the child found still the protrusion of the vertebræ. In none of the three cases did it come to the formation of an abscess, thanks to the beneficial influence of Phosphorus on the inflammatory process of the vertebral bones, of the membranes of the cord, and of the cord itself. Sorge is right when he calls Phosphorus a grand remedy.

Comparing these cases, treated homœopathically, with a similar case of a boy, ten years old, a relative of mine, who for years had been treated by high authority with divers torturing appliances, and whose lungs are now so much affected that death will be a relief, I am ready to exclaim: Great and glorious is our Homœopathy in comparison with the know-nothingness of allopathy, though pushed on the high eminence of titled honors.

We read in No. 45 of the *Medicinische Neuigkeiten*, of 1884, that Prof. Hagenbach, of Berne, used Phosphorus frequently in the treatment of rachitic children, as recommended by Kassowitz, and found it most beneficial during the first years of infancy, as it is then possible to demonstrate the rapidity of ossification, the closure of sutures and fontanelles, the hardening of soft places, especially at the occiput, but also, in high-graded cases, at the frontal and parietal bones. Its influence on spasm of the glottis and on the convulsions so often seen in rachitis, mostly produced by cerebral hyperæmia, has also been observed. In children of two to three years, its action is more an indirect one, in rachitis of the thorax by amelioration of breathing and decrease of bronchial catarrh, in rachitis of the vertebral column and of the extremities by increase of mobility, by freedom in sitting, walking or standing. We can also study its influence in dentition. Half a milligramme per day was the usual dose, given in emulsion. ℞. Phosphori, 0.01, solve in ol. amygd. dulc. 10.0, pulv. acaciæ et syr. simp. āā

5.0, aquæ destill. 80.0. According as the child received from the emulsion 4, 3, 2 or 1 teaspoonful, such a mixture lasted from five to twenty days, and the child received daily 0.002 down to 0.0015 Phosphor. It is remarkable that the beneficial action on body and mind is even then observed when all hygienic improvement is out of the question, as is so often witnessed in dispensary practice. As no unfavorable influence was ever observed, Hagenbach puts Phosphorus down as specific in rachitis. And the Fellows of the Berlin Medical Society, in their discussion on the same point, are in perfect agreement with their Swiss colleagues.

In relation to the osseous system, Phillips (M. M. I. 39) says: Wegner has furnished definite proof that Phosphorus stimulates the growth of true bone, for, after giving minute doses continuously to animals, he found the epiphyseal cartilages ossify more quickly and more completely than usual, and the cancellous and compact bone become more dense, even to the extent of obliterating the medullary canal. Exostoses commonly form in cattle feeding near the bone-works at Swansea, and have been traced to phosphorus fumes in the surrounding atmosphere, and although we find clinically that inflammation and necrosis follow the direct local irritation of strong phosphorus vapor, yet even in such cases exostoses commonly form in another part of the same bone. It stimulates equally the nutrition of nerve-tissue, of which it forms a normal constituent, and its general tonic effect may be obtained from very small quantities of the drug. Dr. Gowers has proved that, under the influence of small, continued doses, the proportion of blood-corpuscles is increased, and this interesting observation may throw light on the tonic power of the drug.

Given in doses too small to affect the stomach and liver, says Ringer, Phosphorus modifies the bones, especially of growing animals; if given for a long time the spongy tissue thickens, and the compact tissue becomes still more dense, and after a time new bony tissue is deposited on the inside of the shaft, increasing till the bone actually becomes solid. The chemical composition of the bone is natural. The effects of repeated medicinal doses are improved appetite, increased rate of circulation, a heightened temperature, perspiration, irritation of the skin, abundant urine, sometimes loaded with deposits, a sharpening of the mental faculties, increase of muscular power, a sensation of well-being, sometimes nervous excitement shown by hesitation and trembling (effects more readily induced in some persons than in others), even slight clonic convulsions and less frequently a more acute tactile sensibility.

In looking over our own literature we find Phosphorus rather neglected in rachitis and its sequelæ, though Hahnemann, in his *Chronic Diseases*, gives us many a valuable indication; *e.g*, the following: the spinous processes of the dorsal vertebræ between the scapulæ become exceedingly sensitive to pressure, extending to the muscles, and by emotional excitement extensive periostitis of the tibia, with gangrene, paralyzed feeling of limbs, pain in coccygeal region, as if ulcerated; pain in small of back when raising the body after stooping, and when standing, less when walking; heaviness and weariness of the back when lying down, or when sitting too long.

According to Kassowitz (*Die Normale Ossification*, II., Rachitis), the essence of the rachitic process lies in a chronic, inflammatory state, located at the places of apposition of the growing, fœtal and infantile bones. This eminent young author tries to prove that, when, in the blood and fluids of a person, a noxa circulates during the period of energetic growth, producing a phlegmonous irritation in the walls of the blood-vessels, and in the tissues through which it flows, such an irritation will be found especially in full action at the places of apposition of the intensely growing ends of the bones, and such an evil influence may be caused by anything injurious to health and to the general nutrition of the infant at that period. Hence the chief cause of rachitis lies in the faulty nutrition of children. All unsuitable food which may produce a chronic dyspepsia or intestinal catarrh, or which nourishes insufficiently, leads to rachitis.

By comparing the statements of Ringer and Phillips on Phosphorus with the pathological feature of rachitis, we might feel astonished that it took the old school such a long time to find in Phosphorus a specific for this disease, but we are still more astonished to find so little said about it in our own literature, as the drug certainly covers many symptoms of rachitis, but not the totality, which is an impossibility; we must individualize to make sure of our success in the treatment of any diseased state. Phosphorus will do all that can be expected from it when strictly indicated; let us see to it that we do justice to other remedies and to hygienic measures whenever possible.

Diagnosis of Syphilis.—Dr. Detmold, of New York, regards, as a pathognomonic sign of syphilis, a permanent œdema over the anterior surface of the tibia in cases of periostitis of that bone.—*Med. & Surg. Reporter*, March 21st, 1885.

Miscellaneous Contributions.

THE SOUTHERN HOMŒOPATHIC CONVENTION, AND THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

EDITOR HAHNEMANNIAN MONTHLY:

Your readers are aware that the formation of an organization of homœopathic physicians in the South has been under consideration for some years.

The subject has been much discussed, and last year a circular was issued by the Hahnemann Association of Louisiana, announcing an intention to have a convention of southern homœopathists for the purpose of forming a Southern Academy or Institute.

The plan was subsequently changed, so that a general convention of homœopathists was called to meet in New Orleans on the 9th, 10th, and 11th of April (during the Exposition), for general fraternization, and for the celebration of the one hundred and thirtieth anniversary of the birthday of Hahnemann. Besides this object, the southern members were invited to meet for the purpose of considering the desirability of organizing a southern body.

At the time appointed a goodly number of our physicians, chiefly from the Southern States, but including some from other States, assembled and proceeded to business. The Convention was organized by the selection of Dr. Geo. Fellows, of Wisconsin, as President; Dr. Joseph Jones, of Texas, as Secretary; and Dr. L. A. Falligant, of Georgia, as Assistant Secretary.

A number of valuable papers were read, each of which was followed by an interesting discussion, participated in by a number of those present—the whole proving highly edifying, and displaying much ability.

The evening of the first day was, by appointment, devoted to a meeting of the southern members, for the purpose of discussing "the feasibility of forming a permanent southern organization as auxiliary to the American Institute of Homœopathy,"—by that time a foregone conclusion.

Your correspondent, having had the unenviable distinction of being the only one of those present who had appeared in print (in the January number of the *Pellet*, to which monthly all southern physicians, at least, should subscribe) in opposition to the movement, and having learned that a desire was felt to hear from him under the existing circumstances, ex-

plained that he had only opposed while he considered the organization a matter of discussion—but, finding the enthusiasm and the strength which was there and then manifested, his misgivings were dispelled, and his only feeling was one of hearty good will for the new organization, which was formed under auspicious circumstances, with every prospect of a brilliant and useful future.

The name of the new organization is the *Southern Homœopathic Medical Association*, and it is distinctly declared to be an *auxiliary* to the American Institute of Homœopathy, having adopted substantially its Constitution, and placed itself under its Code of Ethics, and elected delegates to its next meeting. No possible antagonism can exist, and the general belief is that, by reason of a common membership of a number of its members, others will be induced to join the American Institute of Homœopathy. It is expected that some of them will attend the meeting at St. Louis, in June.

The President of the Association is Dr. C. E. Fisher, of Austin, Texas, the editor of the *Pellet*, who has done much good work for the cause in Texas and the South. He was the unanimous choice, and his election was not only a deserved honor, but it is a guarantee of the success of the enterprise.

The other officers elected are, Dr. J. H. Henry, of Montgomery, Ala., and Dr. L. A. Falligant, of Savannah, Ga., Vice-Presidents; Dr. A. L. Monroe, of Birmingham, Ala., Recording Secretary; Dr. C. D. Deady, of San Antonio, Tex., Corresponding Secretary; Dr. J. G. Belden, of New Orleans, Treasurer.

The delegates to the American Institute are Drs. Orme, Fisher, Lopez, Bradley, Jr., Henry, and Buddeke.

The Censors are Drs. Bussey, Orme, Lee, Angell and Lopez.

Nine of the Southern States (Texas and Louisiana most largely) are represented in the charter membership, and large accessions are expected.

Bureaus and Committees are appointed upon different subjects, and a large amount of work is laid out to be performed.

In due time the *Transactions* will be published in book form. In the mean time the *Pellet* will probably contain a full account of the last meeting, with the papers presented, and discussions thereon.

The place selected for the next meeting is New Orleans,

where there is a good local society. Dr. Walter Bailey, Jr., of the N. O. Society, was appointed Chairman of the Committee of Arrangements, and empowered to select his associates, and the time of the meeting will be the Wednesday and Thursday following *Mardi Gras*.

It is hoped that many visiting brethren from the North—all of whom will be welcome—will attend at that time, and that it will be a happy and beneficial time for all.

Fraternally yours,

F. H. Orme.

IS ALCOHOL AN EXCREMENT?

Editors of the Hahnemannian Monthly:

Many a good cause is injured by unwise advocacy. I think this sentiment is not quite new; but it was brought to my mind very forcibly on reading an article on Alcoholic Beverages in the April number of the Hahnemannian. The writer desires to make out alcohol in every form to be absolutely bad, and seeks to deter people from drinking it, by saying that it is the excrementitious matter of a microscopic animal—that in the worst form of dementia the patients eat their own excrement—that drinking alcohol produces madness, therefore, it is an animal excrement and unfit to swallow. This line of argument reminds me of that of some unwise parents, who try to gain obedience from their children by threatening them with "old Bogey." But, in these days of progress, even the "laity" are getting too wide awake to be deterred by such arguments. Would it not be nobler to teach the people moderation—to control their passions—and to abstain from things that are found to be injurious, than to try to frighten them with an "old bogey" that does not exist?

If not trespassing too much on your space, I should like to ask the writer of the article a few questions: Have the "scientists" absolutely determined that the yeast fungus is an *animal?* As there are several kinds of fermentation (acetic, pannic, putrefactive, etc.), are they all equally wicked? Does the writer eat bread, the staff of life—which contains a considerable proportion of the nastiness of yeast—or does he even taste vinegar? Cannot as pungent and pure sal volatile be made from animal refuse—horns, hoofs, or even decomposed urine—as from any other source? A host of substances having widely different properties are composed of two, or more, of the elements hydrogen, oxygen, nitrogen and carbon, as water, bread,

ammonia, hydrocyanic acid, alcohol, etc. What then makes some of these substances clean and others unclean? The elements are all respectable elements, so it must be like the word accommodate, which Mr. Quickly said was a very respectable word until it became ill-sorted. R. B.

CONGENITAL ABSENCE OF LEFT LUNG.

Mr. Editor: Dr. Therenim's cases are doubtless interesting, but not very startling. I remember a case—Mrs. W., who lived forty-five years—never had any left lung, never had cough, expectoration or hæmoptysis. Died of heart disease. Autopsy revealed an entire absence of left lung. Left cavity contained nothing but a little serum, which probably ran over from the right side during the autopsy.

Henry C. Wood, M.D.

West Chester, Pa., March 31st, 1885.

INTERNATIONAL CONGRESS OF 1886.

Central Association of Belgian Homœopaths,
Brussels, March 8th, 1885.

Sir: The International Homœopathic Congress at its second quinquennial meeting, held in London, in 1881, chose Brussels as the next place of meeting in 1886, and appointed Dr. Hughes permanent secretary and guardian of the archives of the institution.

The Central Association of Belgian Homœopaths, in consequence of a correspondence between Drs. Hughes and Martiny, Belgian delegate at the London congress in 1881, appointed a temporary committee to take steps for the congress of 1886. For the present the committee think best to confine themselves to reminding homœopathic physicians that this quinquennial reunion is not far off, and to request them to prepare scientific work or memoirs on any subject relating to homœopathy; besides it would be very desirable that each country offer to the congress a report supplementing that of 1881, giving everything of interest to homœopathy that has happened since that time.

Hoping you will respond to our appeal and will be present in person at the congress, and with best wishes we are, fraternally,

the committee,

Dr. Martiny, Dr. Seutin,
Dr. Criquelion, Dr. Schepens.

THE

HAHNEMANNIAN

MONTHLY.

A HOMŒOPATHIC JOURNAL OF

MEDICINE AND SURGERY.

Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

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☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE VALUE OF DISINFECTANTS.—Already reports are rife of the presence of Asiatic cholera in Spain. The renewal of the epidemic in Europe, simultaneous with the onset of spring weather, serves as a warning to us in America, who may be the next victims of the scourge. Cleanliness has been proven, most conclusively, to be the best means of combating the epidemic; cleanliness, not only as regards one's body and clothing, but also respecting the quality of food, water, and air consumed. It is chiefly through the medium of the latter two that the contagion of cholera is believed to be transmitted. The attention of sanitarians is therefore being directed at the present time to the study of the best means of keeping our water and air supply in a condition fit for consumption, and, if once contaminated, as to the best means of rendering them once more useful to the animal economy. For this purpose, disinfection has long held a high station in the opinion of those best in a position to decide the question; but, as to the relative value of disinfectants, differences of opinion have always existed. With the view of placing a proper value on the virtues of the

various disinfectants, the American Public Health Association at its meeting held in St. Louis, last October, appointed a committee to investigate the subject of disinfectants. The report of this committee has been made, and is now before us in the shape of nine valuable papers, published in various numbers of the *Medical News*, from January 24th to April 18th, 1885, inclusive. At the start, the committee defined a disinfectant "as an agent capable of destroying the infective power of infectious material." In the course of the experiments, material containing organisms was exposed for a certain length of time to the action of the disinfecting agent. If the power of propagation in the organism was destroyed, the test was considered satisfactory; if, however, the organism continued to flourish, disinfection was not allowed.

The disinfectant properties of chlorine, bromine, and iodine were investigated by Dr. George H. Rohé, of Baltimore. He concludes that "chlorine is an efficient disinfectant when present in the proportion of 1 part in 100, provided the air and the objects to be disinfected are in a moist state, and exposure continues for upwards of an hour." Bromine and iodine he also states to be reliable disinfectants in the proportion of 1 part in 500, provided the air be in a moist state and exposure continue, in case of the former for three hours, and the latter for two hours. He also refers to the well-known fact that chlorine is objectionable for ordinary use because of its bleaching properties, and that it and bromine, when carelessly used, may be productive of much injury.

The germicide value of the commercial disinfectants was investigated by Dr. George M. Sternberg, U. S. A. In his, as in other experiments, the material used to test the germicide power of the agents was "broken-down" beef-tea, exposed in the laboratory for several days, and containing a variety of putrefactive bacteria and their spores. The spores of the bacillus subtilis are invariably present in this stock. A culture of the bacillus anthracis with spores was also added to the material, thus giving us a very difficult test of germicide power. The time of exposure, in all the cases, was two hours. In the cases of four of the agents examined (Squibb's solution of impure carbolic acid, Burchard's disinfectant, Phenol sodique from Paris, and Listerine) disinfection failed when the test solution was added to the disinfectant (?) in equal quantity. The other disinfectants examined gave proof of germicide power in the following proportions: Little's soluble phenyle, 2 per cent.; Labarraque's solution, 7 per cent.; liquor

zinci chloridi (Squibb's), 10 per cent.; phenol sodique (Hance Bros. & White), 15 per cent.; Platt's chlorides, 20 per cent.; Girondin disinfectant, 25 per cent.; Williamson's sanitary fluid, 25 per cent.; Bromo-chloralum, 25 per cent.; Blackman's disinfectant, 30 per cent. These figures, Dr. Sternberg observes, do not represent the comparative practical value of the agents, as the one which heads the list is comparatively so high-priced as to be practically less useful than some of those below it.

Dr. J. R. Duggan reported on the germicide power of the hypochlorites. He found that a solution "containing 1 part to 400 of chlorine as hypochlorite is an effective germicide, even when allowed to act for only one or two minutes," while 6 parts to 10,000 will kill spores of *B. anthracis* and *B. subtilis* in 2 hours.

Mercuric chloride, which is now so popular an antiseptic, was investigated by Dr. George M. Sternberg. His observations go to show that dilute solutions (1 : 1000 to 1 : 10,000) of this powerful agent destroy the spores of *B. anthracis* and *B. subtilis*. In the proportion of 1 to 10,000, it may be relied upon to destroy active bacilli, providing the fluid does not contain spores. To destroy these, it is necessary to use a solution of 1 to 1000.

Heat has long been relied upon as a reliable means of destroying disease germs. Observations, made by various observers, show that dry vaccine virus, exposed to the action of heat from 130° to 203°, loses its power. Various putrefactive bacteria have been destroyed by temperatures ranging from 212° to 302°. Spores of the *B. subtilis* and of the *B. anthracis* resisted a temperature of 262° F., even when exposed a second time, but were destroyed at 283°. Dr. George H. Rohé, in the course of his experiments, exposed packages of clothing, bedding and rolls of blankets, containing organisms to a temperature varying from 267° to 284° F. for three hours. In one large package, it was found that the heat did not penetrate sufficiently to destroy the micrococci, much less the spores. No experiments were made with a temperature higher than the above, because goods exposed to a heat above 302° were altered in texture and color.

Moist heat, in the form of boiling water or steam, may likewise be used as a disinfectant. Boiling water will almost invariably destroy micrococci, while steam at 230° maintained for one or two minutes will destroy spores of bacilli.

Carbolic acid is one of the popular disinfectants of the day.

There is even prevalent in the minds of the laity the idea that the vapor or odor of this acid possesses disinfectant properties. That it is worthless for disinfection as ordinarily used, is apparent from Dr. Smart's paper. In 1 per cent. solution, it has destroyed the virulence of septic matters, but exposure had to be continued for a long time. In order, however, to destroy the spores of anthrax, it was found necessary to use a 5 per cent. solution, and continue the exposure to it for twenty hours. De la Croix asserts that about 30 per cent. of the acid is necessary to destroy the organisms of broken-down beef-tea. When such strong solutions of the drug are necessary in order to be effectual, it is evident that the vapor has little or no power as a disinfectant.

Sulphurous acid is largely relied upon as a valuable disinfectant. Dr. Sternberg's researches concerning this agent are so valuable that we regret our inability to give in detail but one or two of his experiments. He has shown conclusively that while Sulphurous acid possesses strong germicide powers, much, in fact nearly all, of the disinfection by it is a farce, because in practice the conditions favorable or necessary for its action are generally absent. It cannot be used for the disinfection of large bundles of rags, for the reason that the gas will not penetrate further than the superficial layers of the mass. At the request of the health officer of the port of New York, Dr Sternberg made experiments respecting the value of a method proposed by a manufacturing chemist. This consisted in injecting under high pressure sulphurous acid gas through hollow tubes into the interior of bales. It was expected that this would accomplish disinfection in a few minutes. For the purpose of testing the value of the above procedure, pieces of cotton saturated with pure cultures of the test organisms were inserted through openings made with a knife into the bale. Then the apertures were closed by tamping in strips of old muslin, and the gas was turned on and allowed to blow in for three minutes and a half. An examination of the materials tested showed that not in one instance was disinfection satisfactory. Another experiment made was the following: Pledgets of cotton containing test organisms were loosely folded in filter paper, with the end of the packages open, and placed in the pocket of a coat suspended from the wall of a disinfection chamber, and thus exposed to the action of the gas for twelve hours. Disinfection failed.

We now come to the directions for disinfection, which the results of the investigation led the committee to formulate. It

is evident that the popular methods of using these agents are valueless. Thus, an ounce or so of carbolic acid, dissolved in a bucket of water, is expected to disinfect a privy vault, and a small saucer of chloride of lime or sulphurous acid, in quantity not too great to prevent the air from being respirable, the sick room.

The committee advise the preparation of four standard solutions for disinfection. These are: (No. 1) Chloride of lime, in soft water, in the proportion of four ounces to the gallon; (No. 2) Corrosive sublimate and Permanganate of potash in the proportion of two drachms of each salt to the gallon; (No. 3) one part of Labarraque's solution in five parts of water; and (No. 4) four ounces of Corrosive sublimate and one drachm of Permanganate of potash to the gallon. To disinfect the discharges in cholera, typhoid fever, etc., one pint of either No. 1 or No. 2 may be mixed well with each stool and permitted to stand for ten minutes in case of the first being used, and an hour in case of the latter. Both solutions, No. 1 and No. 2, may be used for the disinfection of phthisical sputa, which should be discharged in a cup half full of the solution. Solution No. 4 may be used for the disinfection of clothing, which should be thoroughly soaked in the solution and left in it for two hours, after which they may be washed. On account of the poisonous nature of standard solution No. 4, other means of disinfection may be preferable. In this case the clothing may be permitted to stand for two hours in a mixture of one part of solution No. 1 and nine parts of water.

Clothing and bedding which cannot be washed should be exposed to a temperature of 230°, maintained for three hours. Where this cannot be done in a properly constructed disinfecting chamber, the infected clothing or bedding should be burned.

In disinfecting the sick room it should be remembered that it is *impracticable to disinfect an occupied apartment.* All surfaces should be thoroughly washed with a solution of corrosive sublimate (1 : 1000). The walls and ceiling should be whitewashed with lime wash containing the same proportion of the disinfectant. Then the room may be well ventilated. At the end of twenty-four hours the floors and woodwork should be well scrubbed with soap and water and the room aired for another day. After scarlatina, smallpox, diphtheria, typhus and yellow fever, fumigation with sulphurous acid may be practiced. "*To secure any results of value it will be necessary to close the apartment to be disinfected as completely as possible by stop-*

ping all apertures through which the gas might escape, and to burn not less than three pounds of sulphur for each one thousand cubic feet of air space in the room." "The sulphur should be thoroughly moistened with alcohol before igniting it."

For the disinfection of privy vaults one pound of Corrosive sublimate should be used to each 500 pounds (estimated) of the fecal matter contained, or one pound of Chloride of lime to each thirty pounds.

For the disinfection of water, milk, and food, the application of heat at a boiling temperature for half an hour will be effectual. During the prevalence of a cholera epidemic it is well to boil all water before using it.

THE INSTITUTE MEETING.—On Tuesday morning, June 2d, at 10 o'clock, the American Institute of Homœopathy will meet in its thirty-eighth annual session (forty-second anniversary) in one of the large halls of the Lindell Hotel, St. Louis, Mo., and continue in session about four days. Judging by a private note from the secretary of the Institute to a medical gentleman of Philadelphia, there is a good prospect of a large attendance of physicians from the West and Southwest, though the number likely to be present from the Eastern States is as yet doubtful.

Hotel charges will be $2.50, $3.00 and $3.50 per day, according to the location of the rooms. Rooms may be secured in advance by addressing Dr. H. Goodman, No. 2728 Washington Avenue, St. Louis, chairman of the local committee of arrangements, and stating the kind of room desired.

For the benefit of our Eastern readers, we have made inquiry in reference to railway trains from New York and Philadelphia over the Pennsylvania Railroad, with the following result: *First.* "Fast Line, No. 1" leaves New York at 9.00 A.M., and Philadelphia at 11.50, Washington at 10.50, and Baltimore at 11.50 A.M.; through from New York in thirty-five and a half hours; hotel-car through; sleeping-car from Pittsburgh to Cincinnati. *Second.* "Limited, No. 5" leaves New York at 10.00 A.M., Philadelphia at 12.20 NOON, Washington at 10.50, Baltimore at 11.50 A.M.; through in thirty hours; sleeping-car through. *Third.* "Western Express, No. 7" leaves New York at 7.00 P.M., Philadelphia at 10.05 P.M.; through in thirty-seven hours; sleeping-cars through. The ordinary first-class fare from New York is about $24.50, from Philadelphia $22.75, going. Return-rates probably the same,

but possibly less. Whether special *reduced* rates have been secured, we shall know upon the receipt of the secretary's circular, soon to be issued.

Any regularly graduated and well-behaved homœopathic physician—lady or gentleman—can become a member of the Institute by filing a proper application, suitably indorsed by three members. Blank applications can be had by inclosing a stamp to the secretary, Dr. J. C. Burgher, No. 960 Penn Avenue, Pittsburgh, Pa.

During the past few sessions, the increase in the Institute's membership has not maintained a due proportion to the aggregate increase of homœopathic physicians in this country. Take last year as an example, and we find that, while there were but thirty-two admissions to the Institute at its Deer Park meeting, there had been four hundred and one graduates sent out from our colleges during the preceding spring, while, of course, the usual number of graduates of allopathic schools had set out, even though under grave difficulties, to practice homœopathy, and numerous old-school practitioners had been converted from the error of their ways. It is, perhaps, safe to estimate the present gross increase of homœopathic practitioners in the United States at about five hundred annually. We cannot undertake to say what proportion of these *ought* to unite with the American Institute, but it can be safely said that "thirty-two," or twice thirty-two, is a shamefully low proportion, and gives pretty conclusive evidence that the homœopathic *esprit de corps* is not what it once was, nor by any means what it ought to be now. The Institute should never be satisfied with less than one hundred new members per annum.

We should like to ask, just here, whether our local societies could not accomplish a great deal in the work of strengthening the Institute's membership? Could not local committees, appointed for that purpose, by means of an energetic canvass of each county or district, bring out the latent professional spirit of our physicians and secure all the best of them as members of our central association? Such a plan was tried by the Philadelphia County Society two years ago in order to secure new members for the State Society, and with most gratifying results. There is time, even yet, to try such a plan, and we especially commend it to our southwestern friends.

It has been a good while—seventeen years we believe—since the Institute last met at St. Louis. In consideration of that

fact, physicians living far north and far east ought to make special efforts to be present at the coming session.

Quackery Rampant.—A nostrum vender, who is wringing money out of a suffering public by pretending to cure Bright's disease and other kidney affections, recently cut an editorial out of the pages of the *American Homœopathist*, attached to it a fulsome puff of his alleged "Cure," and published the whole as coming from the above-named journal. We learn that the editor has given notice of his intention to institute a claim for damages against the author of the outrage, a proceeding in which he is very likely to be successful.

There are doubtless many secret medicines offered for sale in this nostrum-ridden country of ours, that really do possess some merit, made, as many of them are, upon the published prescriptions of reputable allopathic physicians. But there could scarcely be better evidence of the utter and entire worthlessness of this particular so-called "kidney-cure," than the fact of its need of such shamefully dishonest methods of forcing it upon public attention. Our readers will do a favor both to the public and to the cause of respectable homœopathic journalism, by informing all local newspapers, in which the advertisement appears, of the nature of the outrage, and of the liability of these newspapers to a suit at law for its continued publication.

A Valuable Society Report.—The Committee on Registration and Statistics of the Massachusetts Homœopathic Medical Society presented, at the annual meeting in April, a report, perhaps the most complete of its kind yet made to any State society. It includes a complete list of all members of the society and of its parent organization, "The Massachusetts Homœopathic Fraternity," from the time of its organization, December 25th, 1840, to April 1st, 1885, a period of about forty-five years. The report also gives the date of death of a large proportion of the deceased members, and the present whereabouts of many of those still living in other States, the whole forming a very complete and most interesting record of the membership of the society. In addition to this, the report exhibits the present status of the various county societies in the State, of the various hospitals and dispensaries, and of the Boston University School of Medicine, charitable "Homes," etc. The Act of Incorporation of the society and the Code of Ethics also find a place in its pages. The Registration Committee, Drs. J. W. Clapp, I. T. Talbot, and J. T. Harris, are entitled to professional thanks for the report.

Notes and Comments.

The case of a woman who had four successful twin pregnancies is reported by Dr. Hannay in the *Lancet* for January 10th, 1885.

Seventy-five students are now enrolled at the Calcutta School of Homœopathy. Lectures in English are given on materia medica and therapeutics, diseases of women, practice of medicine, and hygiene.

Nerve-Stretching Extraordinary.—A German journal records a case of cure of severe intercostal neuralgia by stretching seven of the intercostal nerves. Immediate relief is said to have followed the operation.

Homœopathy in Texas.—A bill to regulate the practice of medicine, which would have worked injury and annoyance to homœopathic physicians, was defeated in the Texas State Legislature by a vote of 20 to 4.

Not New Since the Days of Hahnemann.—The following item has been started on its travels through the allopathic journals of the country: "It is now generally admitted that iron given alone and as ordinarily prepared, is without therapeutic value."

Medical Advertising Extraordinary.—The following notice, with names omitted and date changed, was clipped from a Western newspaper: "BIRTH.—On Friday, May 1st, 1885, to Mrs. X. Y. Z., a son. Thanks to Dr. ———."

A little ambiguous, but on the whole not a bad advertisement.

Then and Now.—A few years ago professional ridicule was directed at Garfield's physicians for alleged gross mismanagement of his case, and because the patient grew steadily worse. Now it is levelled at General Grant's doctors because he seems to be getting better. The criticism of the treatment of Garfield, even multiplied by ten, would have been amply warranted, but we are not so clear as to Grant's advisers. Considering that they are only allopaths, we think they have done remarkably well.

Professional Honor(?)—We regret to see in the circular issued by the manager of a patent medicine largely advertised in the street cars, indorsements of the preparation by three homœopathic physicians, one a member of the American Institute of Homœopathy (the most honorable medical society in the world), another an ex-dean of one of our colleges, and the third, the son of the latter. We can recall a fourth homœopathic (!) physician whose name appears so frequently signed to testimonials of proprietary preparations, that we should judge that he used nothing but these in his practice—to save trouble, perhaps.

Index Medicus.—This invaluable periodical, the publication of which was discontinued on account of the death of Mr. F. Leypoldt, the former publisher, is to be continued with Mr. George S. Davis, of Detroit, Mich., as publisher. The *Index Medicus* is a journal which the medical profession cannot afford to abandon. The thoroughness with which its editors, Drs. Billings and Fletcher, have always done their work, has made it a necessity to *all* medical writers. The journal has not thus far been a paying investment. It is to be hoped that the profession will appreciate Mr. Davis's public spirit in assuming the publication and give him the support, by many subscriptions, which he so richly deserves.

An Unmentioned Reason.—At the recent annual commencement of the medical department (allopathic) of Denver University, the professor

who delivered the valedictory offered some ten or a dozen reasons for believing that homœopathy is a fraud, and a failure, and a delusion, and—and lots of other things. These reasons were most excellent ones, or, would have been, had they been statements of real facts, instead of a rehash of old fables. But there was one most excellent reason for opposing homœopathy, which the professor entirely omitted, namely, Dr. Everett's comparative statistics of allopathic and homœopathic treatment in the Denver almshouse. These statistics would have shown how homœopathy obstructs the work of medical education, by cutting off the college's supply of dissecting material from the almshouse. Why didn't he just think to mention *that!*

An Appalling Accident.—Last month, just before going to press, our printer inadvertently transferred a line from the bottom of page 209 to the bottom of page 211; so that, instead of Dr. Foote, in his paper on *Alcoholic Beverages*, being permitted to say, as he intended, "Our poor humanity sometimes degrades itself by consuming its own excrement," Dr. Joseph C. Guernsey, in his article on *Sarsaparilla*, is made to say, "Our poor humanity sometimes degrades itself by consuming its kidneys and bladder." We have had horrible nightmares of late, in which we seem to see Dr. G. coming up the street with a seven-shooter in each hand, a bowie knife between his teeth, and his pockets full of dynamite bombs and cholera germs. We have given strict orders that when he calls we are "not at home."

New Publications.

A System of Medicine Based upon the Law of Homœopathy. Edited by H. R. Arndt, M.D. In three volumes. Vol. I. Published by the Hahnemann Publishing House. F. E. Boericke, Philadelphia, 1885. Octavo, pp. 968.

This system of medicine is the production of a corps of homœopathic writers, the editor-in-chief being Dr. Arndt. The work has been so thoroughly advertised, both as to name and contents, that we may confine our remarks to the make-up of the book and to the quality of its 900 pages of matter.

The work, if Vol. I. is a sample, is creditable to the numerous contributors, to its editor, and to the publisher. The text is clearly rendered, is concise, and, so far as our reading shows, up to date in symptomatology, diagnosis and pathology.

The homœopathic treatment is purposely brief, but to our mind sometimes too brief. If the experienced reader fails to find many newly applied remedies or many new indications for drugs, let him bear in mind that he is more than likely partly responsible, because, with the vast majority of the profession, he neglects to make new provings and to publish confirmations of those already made.

A portion of the work is devoted to auxiliary treatment. We disapprove of parts of this—such parts as are anti-homœopathic—and cannot agree with the editor that these objectionable innovations "will prove the means of saving our younger colleagues much anxiety and possible blundering."

But, on the other hand, criticism is disarmed by the editorial words that

this adjuvant treatment *represents the homœopathic practice of to-day as it really exists.* If "the list of contributors embraces many of our ablest writers" . . . . "particularly qualified to speak with authority," then, indeed, must it be admitted that the system of medicine before us is typical of the state of our school (if not of homœopathy pure), and so we can understand the words of the title-page "*based* upon the law of homœopathy."

In regard to paper, printing and binding, we desire to thank our industrious and pains-taking publisher for offering such a perfect book. Printed with virgin type, on excellent paper, the book vies with, if it does not excel, any previous effort of any publishing house. F.

Diseases of the Nares, Larynx, and Trachea in Childhood. By Thomas Nichol, M.D. Published by the A. L. Chatterton Publishing Co., New York, 1885.

This book contains the fruits of thirty years of study and experience. It treats of catarrh, spasm of the glottis, laryngitis, croup—membranous diphtheritic and scarlatinal—and tracheitis.

The pathology of each morbid state is dwelt upon at great length; and, it is claimed, the homœopathic treatment is fuller and more minute than in any other work of the kind.

Each chapter closes with a useful summary, called aphorisms. Numerous authorities are quoted, and their several opinions discussed and accepted or rejected, according to the confirmed views of the author.

In general, we approve of the recommendations made, though we do not quite agree in degrading Bromine in croup. Teste, though extravagant in description, has certainly shown the drug to be of great value.

Dr. Nichol stands out boldly as an advocate of the single remedy, claiming, justly we think, that since ceasing to alternate he has improved in accuracy and successful prescribing.

We expected just such a full, readable book from Dr. Nichol. Possessed of an immense library, fond of literary work, and, withal, ripe as a practitioner, why shouldn't he give us a good work? F.

A Guide to the Diseases of Children. By James Frederick Goodhart, M.D., F. R. C. P. Revised and edited by Louis Starr, M.D. Published by P. Blakiston, Son & Co., Philadelphia.

The author of the above work has confined himself to the consideration of such diseases as are incidental to childhood, or of such points in disease as are more pronounced at that period of life. Matters relating to general medicine, as are also all those wild and fanciful theories and speculations which make a book so distasteful to the practical physician, are omitted from the work. The book is larger than the ordinary hand-book, but smaller than the exhaustive treatises on pathology. It therefore supplements rather than displaces the manuals hitherto published. Both author and editor deserve great credit for the excellent manner in which they have carried out their task, and for producing a work which is peculiarly adapted to the wants of the student and the busy practitioner. B.

The London Medical Student, and other Comicalities. Selected and compiled by Hugo Erichsen, M.D. Published by Dr. H. Erichsen, 11 Farmer Street, Detroit, Mich. Price, $2.00.

This book opens in a most entertaining manner, giving, in an extravagant but amusing way, the doings and misdoings of the lawless medical student.

We cannot follow the author so pleasantly, however, when the student is diplomated. He carries them into the vilest slums of London, and makes them guilty of most foolish and malicious pranks. Few go thus far.

The last part of the book contains a collection of anecdotes, most of which concern doctors and their practice. Some of these are excellent, some too old, and some decidedly indecent. F.

Fourteenth Annual Report of the State Homœopathic Asylum for the Insane, at Middletown, N. Y., 1885.

In addition to the usual routine of such reports, Dr. Talcott has presented a succinct account of his method of treating the insane. In this he expounds and illustrates homœopathy so clearly and so loyally, that we feel confident he will force the respectful attention of even the enemies of our system of cure, and compel legislative acknowledgment and countenance. F.

The Medical Directory of Philadelphia, Pennsylvania, Delaware, and the Southern Half of New Jersey, for 1885. Published by P. Blakiston, Son & Co., Philadelphia.

A directory that has certainly been compiled and arranged with great care. The method of arrangement adopted in the book serves to increase its use for ready reference. It is well gotten up in limp leather covers, and does great credit to the house whose imprint it bears. B.

Gleanings.

Ætiology of Asiatic Cholera.—A discussion on the ætiology, pathology, and treatment of Asiatic cholera, by the Royal Medical and Chirurgical Society, was opened by an address by Dr. George Johnson, the president of the society. He said that cholera was believed to result from the action of a specific contagion, which might enter the system with the air through the lungs, or with food or water through the alimentary canal,—at any rate, the poison entered the circulation, that it there probably underwent increase, and was then excreted through the mucous surface of the alimentary canal, and was ultimately expelled by vomiting and purging, and thus the patient recovered. In the more severe cases, collapse occurred. That this collapse was not the result of the liquid discharges, Dr. Johnson considered proved by the notorious fact, that in the most rapidly fatal cases there was rather an inverse than a direct ratio between the degree of collapse and the amount of the liquid discharges. A complete arrest of the discharges during collapse was of fatal import. Those methods of treatment appeared to him to have been most successful which had been least repressive in their

tendency. That the main and essential cause of choleraic collapse was a greatly impeded circulation through the lungs, was proved by the appearances found after death, and by the complete explanation thus afforded of the chief symptoms of collapse. Extreme contraction of the pulmonary arterioles was the only probable explanation of this arrest of the circulation. The small stream of blood through the lungs during collapse, with the resulting defective oxidation, explained the suppression of bile and urine; while in the case of nursing women, the mammary secretion, which was not an oxidized product, continued. The marvellous temporary relief afforded by injecting a hot saline solution into the veins, he attributed to the warmth of the liquid relaxing the arterial spasm, and thus allowing the blood to pass on. He held that the intestinal discharges were the means by which the disease was conveyed from the sick to the healthy. Quarantine was useless to prevent the spread of cholera. The true preventive means were the enforcement of cleanliness and the complete disinfection of choleraic discharges. An indiscriminate opiate and repressive treatment in the diarrhœal stage, was believed to increase the danger of collapse by preventing or retarding the escape of the morbid poison. An evacuant or cleansing method was consistent with the true theory of the disease.

Dr. Klein then, on invitation of the president, gave an account of his researches into the ætiology and pathology of cholera. Cases have been reported in which cholera has been carried by linen and clothes coming from an infected locality. But among these, there are some where articles which had not been soiled by cholera patients have become a source of infection. Similarly there are cases known where infection was carried from one locality into another by persons themselves not sick with cholera. From this it follows, that the infective agency is not necessarily associated with choleraic dejecta, but that independently of these it may pass from an infected locality into a new one. The infective agent must be a living entity, since it is possessed of the power of self-multiplication. Two alternatives present themselves: *a*. The infective agent and actual virus are identical; and *b*, the infective agent is not the virus but the producer of the virus. The first is exemplified in the true infectious diseases, like anthrax, tuberculosis, gonorrhœa, erysipelas, etc.; the second in cases of septic poisons, the ptomaines. Klein contended that cholera does not fulfil the conditions of the former or the latter group of diseases. Cases of cholera have been reported in which the stage of incubation could not have lasted more than an hour or so. Now, if the cholera virus was a living entity, it could not have multiplied to such an extent as to set up the disease. These cases of rapid infection can only be explained by assuming that the virus is a ferment, which is formed outside of the body, which is absorbed by the system, and produces acute poisoning. Another reason why cholera cannot be an infectious disease, is that the choleraic evacuations do not contain organisms that have any causal relation to the disease. While it is well known that linen soiled with choleraic discharges is capable of carrying infection, other cases have occurred in which the disease has been carried by articles that had not been soiled by choleraic evacuations. There is also abundant available evidence to show that water that had become contaminated with choleraic dejecta, when drunk by a large number of persons, did not produce infection. There is hardly a tank, a ditch, or pool in town or village in Bengal but where at ordinary non-epidemic times isolated cases of cholera occur where the choleraic evacuations of these cases find access into the water; and, although this is drunk or used for all kinds of domestic purposes by a large number of persons living around those tanks, still no infection occurs. It follows from this, that the views of the "contagionists," according to whom cholera is directly communicable from the sick to the healthy by means of the evacuations, cannot by any means be correct. How is it, that when cholera occurs in any cantonment in India,

and the disease appears among the troops, they are moved into camp; and although those that have been infected carry the disease into camp, still no new cases occur? The evidence that cholera is not, and cannot be, a directly communicable disease, is overwhelming, and, therefore, any bacterium, however peculiar, present in the choleraic evacuations, cannot be connected with the infective agent. The comma bacilli are present amongst many other putrefactive bacteria in very varying numbers in the choleraic evacuations. The longer the examination is delayed, the more probably are the comma bacilli found abundantly in the mucus flakes taken from the bowel. They are totally absent from the mucous membrane, inclusive of the epithelium of the surface. No organisms of any kind are found in the tissue of the intestine, in the blood and other tissues. There are also found within the intestines small straight bacilli, smaller than the comma bacilli. Neither the comma bacilli, nor these small bacilli, show in their mode of growth, in artificial cultivations in various media, greater peculiarities than other putrefactive bacteria. They neither can be connected with the cause of cholera. Koch's cases of cholera in animals, after injection of the bacilli, were, doubtless, cases of septicæmia. Comma bacilli of various species have been discovered in other diseases of the alimentary canal, in the fluid of the mouth in health, and in old cheese.

Mr. Watson Cheyne held the theories advocated by Dr. Klein to be very doubtful. There were three main points which demanded attention. First, could we find any definite organism in cholera which especially attracted our attention? Secondly, was such organism always present? Thirdly, did we ever find it elsewhere? Koch defined a comma bacillus as a curved organism which when grown in gelatine in tubes had certain characters; on potatoes certain other characters; and in plate cultivations, also special characters. The sum of these characters gave us a definition of the comma bacillus. It was a mistake to suppose that Koch defined the comma bacilli by their microscopic appearances. Koch did not attach a diagnostic importance to the curve, for he likened it to the bacillus of glanders which is also curved in the tissues. The two could not be distinguished if the curve was the only characteristic. Mr. Cheyne thought that observers were pretty unanimous as to the invariable presence of the bacillus in Asiatic cholera. The only point of difference was as to the numbers present and as to whether they were found in the intestinal wall as well as the contents. It was not easy to determine under the microscope what were and what were not comma bacilli, for in the early stage many were straight, thus explaining why, in the early stage, Dr. Klein found few curved bacilli. In the next place, with regard to their situation, Dr. Koch had said that they grow in the intestinal walls, Dr. Klein had suggested that the growth might have occurred after death, because he had failed to find them in cases which he had examined very shortly after death. Mr. Cheyne said that he had had a similar want of success but did not accept Dr. Klein's explanation. He attributed it to the lack of Koch's experience by both himself and Dr. Klein. The bacilli, Koch had found in every case of cholera whether in India, Egypt, France, Italy or Spain. He had searched for these bacilli in saliva, in fæces, in all sorts of decomposing materials and in other diseases, and had failed to find them. There were more than one comma bacillus; several were known, Finkler's, Deneke's, Miller's; these all differed in a way that could be easily recognized from each other and from Koch's comma bacillus. Dr. Klein had stated that he had found these bacilli in the evacuations of dysentery. Had he made cultivations to prove that they were Koch's bacilli? If the microscope alone were trusted to, the observation was not in any way decisive. In two cases of English cholera, Mr. Cheyne had found comma bacilli and spirilla. He made careful attempts to cultivate these curved bacilla but failed to do so. Dr. Koch said that he had carefully examined the accumulations about the teeth without finding the cholera bacillus, and

had informed Mr. Cheyne that he had entirely failed to cultivate from saliva any comma-shaped organism which liquefied gelatine. Mr. Cheyne had made cultivations from his own saliva and that of others, and had failed to cultivate the bacilli of the saliva. In answer to a question by Dr. Klein, Mr. Cheyne said that he had used the same material in his cultivation experiments as he had in his search for the cholera bacilli; Dr. Klein then observed that that would account for Mr. Cheyne's failure. Mr. Cheyne though that if that were so, then the two organisms must be entirely different, to which Dr. Klein assented. Continuing, Mr. Cheyne said that Dr. Klein had referred particularly to the case of a tank containing comma bacilli which people were drinking without the occurrence of cholera among them; but this fact proved nothing against Koch's view, as it might show only that the people were not in a suitable state to take cholera. He was surprised that Dr. Klein should have suggested that Koch did not employ aseptic precautions, for his methods had been published and he used aseptic precautions as rigorous as could be employed. Further discussion was then postponed until March 31.—*Br. Med. Journ.*, March 28, 1885.

Reliability of Disinfectants.—In view of the possible approach of Cholera Asiatica, the element of reliability in our disinfectants becomes a matter of paramount importance. Experimentation with unknown and untried agents, though perfectly legitimate at certain times, is scarcely justifiable in the actual presence of a malignant epidemic. *Then* the physician needs to know just how far and under what conditions his remedial and hygienic measures will avail him. As bearing closely upon this important fact, it may be mentioned that recently (according to the New York *Medical Journal*) Professor Alfred L. Loomis remarked that chloride of zinc had maintained its long-established reputation as a disinfectant, as was shown in Miguel's classification. Sulphurous acid and chlorine were powerful germicides, beyond question, but their every-day use was impracticable, and the bichloride of mercury, although it might be the most potent of all the agents that were chiefly talked about, was hardly to be considered safe for domestic use. But the preparation known as "Platt's Chlorides" (a solution of the chlorides of zinc, lead, calcium, and aluminium), which he had made use of freely for the past five years, both in his own house and among his patients, he considered as by far the best for all the sanitary requirements of the household.

Years ago, Professor A. R. Thomas, Dean of Hahnemann College, predicted that this agent was "destined to become the great disinfectant of the future." More recently he says: "My experience with it since that time has fully sustained that opinion. It is reliable, powerful, odorless, and efficient; and I believe in depending upon that article which has proved itself equal to the severest tests."

Remarkable Heart Lesion Without the Usual Physical Signs.—The case was reported by Dr. Eichberg at a meeting of the Cincinnati Medical Society. The patient had symptoms of an irregular typhoid, with many perplexing and unaccountable manifestations. There were no indications whatever pointing to the unusual pathological condition of the heart which the autopsy revealed, viz.: the presence of a peculiar mass between the leaflets of the mitral valve. This proved to be a mass of vegetations firmly attached to the anterior leaflet, covered by endocardium, and as large as the phalanx of the thumb.—*Cincin. Lancet and Clinic*, February 7th, 1885.

Poliomyelitis Anterior Caused by Arsenical Poisoning.—Dr. W. Page McIntosh reports two cases of acute poliomyelitis anterior in the adult, in which the only assignable cause of the disease was acute arsenical

poisoning. Other symptoms characteristic of arsenic were present in both instances.—*Med Rec.*, February 7th, 1885.

Inebriety Among Railroad Engineers.—Locomotive engineers whose working hours are only at night are more liable to become inebriates than those who serve in daytime only. This, Dr. T. D. Crothers endeavors to explain, is due to the great mental strain inherent to the occupation, especially when carried on at night. Neurasthenia, nerve and brain exhaustion follow, and alcohol will be found a most seductive narcotic. A most practical fact should never be forgotten by physicians who are called to treat railroad engineers,—that is, never to give any form of alcohol as a medicine.—*Med. and Surg. Rep.*, February 7th, 1885.

Eruption Following the Use of Antipyrin.—Dr Paul Ernst (*Centralblatt für Klinische Med.*) reports two cases of an eruption caused by the internal administration of antipyrin. The patients were a boy and a woman aged respectively ten and sixty-seven years, yet the eruption was so nearly alike in both instances that there could be but little doubt that the same cause was at work. The eruption consisted of little irregularly rounded pimples lying close together, and in some places confluent so as to form patches of greater or less extent, between which the skin was normal, thus giving a marbled appearance to the surface. After about five days, the eruption began to fade and to assume the character of a brown pigmentation, and in the old woman, there were some faint evidences of desquamation. Traces of the eruption were still visible at the end of two weeks. The eruption was thickest over the body, and on the extremities, the extensor were more covered than the flexor surfaces. In the boy, there was some œdema of the face, but in neither case, was there any eruption on the head or neck although the palms of the hand and soles of the feet were not spared. There was some itching in the case of the woman, but the boy did not complain of this. The eruption ran its course and disappeared although the administration of the antipyrin was not interrupted. In a postscript, Dr. Ernst states that he has observed three other cases of an exactly similar nature.—*Journal American Medical Association*, March 21st, 1885.

Cachexia Strumipriva.—Bruns recently sent for the patients for whom he had totally extirpated the thyroid gland on account of goitre. Only three appeared for examination. Of these, one, a woman, of twenty-six years, operated six months previously, was perfectly well. The other two were not. In case 1, that of a woman aged twenty-two years, the goitre had been removed four years before. Soon after the operation, she noticed that she could not work as formerly. When she was not lying down the feet would swell. During the last year, her hair began to fall out and hearing and vision became poor. The mental faculties diminished. Facial expression idiotic. Skin and mucous membranes very anæmic. Hands cyanotic. Red and white corpuscles reduced to nearly two-fifths their usual number. Hæmoglobin also materially reduced. She answers questions with extreme slowness and takes no interest in her surroundings. In case 2, that of a man aged twenty-four years, the operation was performed six months previously. There were already well-marked initial symptoms of the cachexia. He exhibited great difficulty in heavy work. Face puffy. Facial expression decidedly stupid and idiotic. Slow difficult speech. Sick, of Stuttgart in, 1866 operated on a boy of ten years. Within six months after the removal of the goitre, a notable change in his mental condition was observed. Mental capacity, now that of a boy of six or seven years. Dwarf. Head cretinoid. Died in epileptic convulsions. Abundant development of panniculus adiposus and soft parts in general. Chronic leptomeningitis with moderate participation of cortex. Grundler has collected

thirty-three published cases. He holds that the condition is progressive. The worst cases have a great similarity to congenital cretinism. He locates the trouble in the central nervous system.—*Annals of Surgery*, March, 1885.

Pseudo-Tabes Caused by Sulphide of Carbon.—Berbes, in a communication to the Clinical Society of Paris (*La France Medicale*), reports the case of a laborer handling large quantities of sulphide of carbon, who presented symptoms of cerebral congestion, motor troubles and hyperæsthesia of the skin, with finally ensuing complete paraplegia lasting two months. The powers of coördination became almost entirely absent, while the perversion of sensibility reached a remarkable degree; and the sexual apparatus wholly lost its functional activity. Besides, darting pains in almost all regions of the body, but chiefly in the cardiac zone, where mitral insufficiency was found, were constantly present. It was obviously a case of tabes produced by intoxication with the sulphide of carbon, the patient improving within a couple of months under the influence of purgation and nervous stimulation.—*Therapeutic Gazette*, March 16th, 1885.

Potassium Iodide Rash Simulating Variola.—Dr. Llewellyn Eliot, of Washington, reports the case of a lady for whom he prescribed iodide of potassium in two grain doses. After she had taken the second dose, she complained of pains in the lower jaw, and by midnight had the coryza, injected conjunctiva, puffiness of the face, severe headache, aching of the body especially in the back, soreness of the throat, and the appearance of red spots over the face. The red spots increased in prominence in a few hours, just as occurred in small-pox. Careful inquiries made the following morning, failed to show exposure to variola. At the end of two days, the eruption had disappeared.—*Medical Record*, March 28th, 1885.

Nervous Shock as a Cause of Pernicious Anæmia.—Dr. Roland G. Curtin reports three cases of pernicious anæmia which followed directly on severe mental emotion of a depressing character. Cases having a similar origin have been reported by Mackenzie and by the staff of St. Bartholomew's Hospital.—*The Polyclinic*, March, 1885.

Spontaneous Rupture of the Membranes at full term of Gestation preceding the beginning of Labor.—The teaching of standard obstetrical works is that the spontaneous rupture of the membranes preceding the beginning of labor, renders the labor longer than it would otherwise be. To this teaching, the experience of Dr. G. W. H. Kemper leads him to take exception. In 700 obstetrical cases, he met with 50 cases of spontaneous rupture of the membranes, or about once in every fourteen labors. His conclusions are as follows: When the membranes are broken, as a rule, labor supervenes at once, or within the next four hours, but may be delayed several hours, days, or even weeks. When such an accident occurs, the duration of the labor is not necessarily prolonged, nor rendered more painful. The mortality of the mothers is not augmented, and the ratio of still-born children, if at all, is so slightly increased, as to amount to a minimum. It is probable that the duration of labor is shorter in cases where the appearance of pains is delayed for some time after the membranes are ruptured. The fear of delay and danger, in this class of cases, —the classical "dry-labor,"—promulgated by our early obstetrical fathers, and indorsed by successive authors generally, is based on the merest spark of truth, and is one of those medical traditions that experience shows to be over-estimated and to a large degree apocryphal.—*Am. Journ. Med. Sc.*, April, 1885.

Gonorrhœal Erythema.—It has long been claimed that Copaiva produces an erythema; but Dr. Raoul Mesnet, in his thesis, proposes to

show that these eruptions are not produced by Copaiva as frequently as has been supposed; and that the greater number of these eruptions depend alone upon gonorrhœa, a disease for which Copaiva is often administered. Mesnet calls attention to the fact, that Copaiva has been employed in a large number of different affections without giving rise to copaival erythema, or, at least, quite exceptionally. On the other hand, as Bazin has pointed out, the duration of the roseola of Copaiva is by no means subordinate to that of the medication. The author then cites cases in which the eruption appeared without the patient taking any medicine. He cites the remarkable case of M. Ballet, in which a scarlatiniform eruption developed in the case of a gonorrhœal patient, with typhoid phenomena and marked febrile symptoms. An analogous case has already been published by Mr. Balzer. M. de Molines has also observed a scarlatinal eruption in a gonorrhœal patient who had not taken any kind of medication. These eruptions, while variable in their aspect, can only be considered as an expression of a general infection. Their most common form is a scarlatinal or rubeolic erythema, but there may be likewise observed urticaria, polymorphous erythema, purpura and furuncular eruptions; these accidents do not appear to possess any gravity.—*Journ. Cutan. and Vener. Dis.*, April, 1885.

The Ætiology of Ophthalmia Neonatorum.—Credé has expressed the opinion that a pure catarrhal secretion of the vagina does not produce blenorrhœa, but Hausmann opposes this view, and argues additionally that every pathological vaginal secretion is capable of being infectious.—*Arch. Ophthal.*, vol. xiii., 3, 4.

Operation for Pterygium.—Creus operates upon pterygium by loosening the vertex as far as 3 mm. beyond the margin of the cornea, then turns the vertex over to form a duplicature in such a way that the two bleeding surfaces touch. So soon as they are accurately adjusted sutures are applied.—*Arch. Ophthalmol.*, vol. xiii., 3, 4.

Muscle-Grafting.—Dr. Salira's experimental researches were instituted with a view to ascertain if it be possible to transplant muscles between animals differing in species, food, and habits. After a number of failures he succeeded, under strict antiseptic precautions, in engrafting into the thigh of a dog a portion of the rectus femoris of a rabbit. So perfectly did the transplantation succeed that no trace of it could be discovered by the naked eye or the microscope when the dog's thigh was dissected three months later. Reviewing all the steps of his research, Dr. Salira has felt justified in formulating the following propositions: First, it is possible to transplant a piece of the muscular tissue of an animal among the cut muscular fibres of another animal although the two may be of different species. Secondly, the piece of transplanted muscle may become thoroughly united with the muscle into which it is grafted without exciting suppurative or specific inflammation. For the attainment of this result, it is necessary that the piece of transplanted muscle should completely fill the space resulting from the retraction of the ends in the excised muscle. It is equally necessary that the operation be carried out with the strictest antiseptic precautions. Thirdly, the union between the fibres of the transplanted muscle and those of the animal grafted takes place by new formation or young muscular fibres; these become immediately continuous with the fibres of the animal and of the graft, without leaving any trace of the primary point of separation. Fourthly, the grafted muscular fibres gradually lose their distinctive anatomical characters, acquiring those of the animal's fibres in which they live; no difference between them can, after a certain time, be detected by the most careful microscopical examination. Fifthly, the

function of the muscle, after the graft, is perfectly restored, and that comparatively quickly, without the slightest indication of weakness and torpor. —*Medical Record*, April 4th, 1885.

Treatment of Pyloric Stenosis.—After a statistical review of the operative measures employed for the relief of pyloric stenosis, Dr. Randolph Winslow gives the following as his conclusions: 1. In cancer of the stomach, not producing stenosis, give anodynes in quantities sufficient to relieve distress and do not operate. 2. Pylorectomy for carcinoma is followed by 76 per cent. mortality; hence, it should only be very exceptionally performed—in those cases where, with marked stenosis, the pylorus is not adherent to the neighboring organs, and the patient is young and fairly strong. 3. In other cases of carcinomatous stenosis, as only very temporary benefit can be obtained, perform gastro-enterostomy. 4. In cicatricial stenosis, perform digital divulsion, but if this is impossible, owing to great thickening of the walls, resection in those who are well nourished, and gastro-enterostomy in the debilitated, will both be followed by good results. 5. In the opinion of the writer, hæmorrhage or perforation from ulcer or other cause than stenosis does not present indications for pylorectomy. 6. Duodenostomy, gastrostomy for the passage of a tube, and complete gastrectomy should all be replaced by gastro-enterostomy.—*Amer. Journ. Med. Sc.*, April, 1885.

Alarming Constitutional Symptoms produced by the Application of a Belladonna Plaster.—At the March meeting of the Cincinnati Academy of Medicine, Dr. H. Wilfert reported the case of a gentlemen who consulted him respecting a pain in his back, for which he ordered the application of a Belladonna plaster to the painful parts. Late in the evening he was sent for, and on his arrival found the patient's respiration considerably increased, his pupils dilated, the throat dry, with a sensation of choking. He had great difficulty in swallowing. Water would not allay his thirst. The removal of the plaster was ordered. The surface which it had covered was raw and excoriated, the result of the friction resorted to before applying the plaster. Two hours later the patient was resting comfortably, and the next morning complained only of dimness of vision.—*Cincinnati Lancet and Clinic*, April 4th, 1885.

Anuria Persisting for Twenty-three Days.—Dr. Ernst Bischoff reports in the *Deutsches Archiv für Klin. Med.* a remarkable case in which both ureters were occluded by calculi. The resulting anuria lasted twenty-three days before death came to the relief of the patient.

Rapid Anæsthesia by Ether.—To effect rapid anæsthesia by ether Dr. A. F. Miller has devised an apparatus consisting of the two valves of a rubber foot-ball; sewed together at the edges and connected by a tube with a bottle containing ether, which is plunged into a bucket of hot water. The ether vapor passes over steadily and rapidly, and is inhaled by the patient, whose face is covered by the inhaler protected by a clean towel. He has already used this apparatus in thirteen cases with surprising results, anæsthesia being effected in from forty seconds to two minutes. In most cases, there was no struggling, and, if so, only slight.—*Medical News*, April 4th, 1885.

Early Appearance of the Arcus Senilis.—Dr. H. F. Hansell reports the case of a mulatto boy, three and a half years of age, with distinctly marked and unmistakable arcus senilis in each cornea. "Circulus" would be the more accurate designation, since the ring was complete on each cornea, though not quite so fully developed below as above and on the sides.—*Medical News*, April 4th, 1885.

News, Etc.

Located.—Dr. J. S. Rittenhouse (Hahn. '85), at Reading, Pa.

Dr. F. S. Farnsworth (Hahn. '85), junior-resident at the Children's Homœopathic Hospital, 914 N. Broad St., Philadelphia, Pa.

Work on the Hahnemann College Building has been resumed, and will be pushed vigorously so as to have the new structure ready for use at the beginning of the course of lectures in October next.

The Vermont Homœopathic Medical Society will hold its annual meeting at Montpelier, on Wednesday and Thursday, May 27th and 28th. There is promise of an unusually good session. The secretary's address is Chas. A. Gale, M.D., Rutland.

The Ninth Annual Commencement of the Chicago Homœopathic College was held at Farwell Hall, Chicago, February 26th, 1885. The Faculty valedictory was delivered by Professor A. W. Woodward, M.D., and the class valedictory by G. F. Washburne, M.D. The degree of "Doctor of Medicine" was conferred upon a class of thirty.

The Homœopathic Medical Society of Ohio will convene in the city of Cincinnati, May 13th and 14th, 1885. The sessions will be held at Pulte Medical College, with headquarters at the Palace Hotel, rates $2 per day. All railroads entering Cincinnati will carry delegates at full fare going and one cent per mile returning, by procuring certificates of the secretary before starting. The Musical Festival on the 13th and 14th will draw many to the "Paris of America." The Cincinnati local profession is earnest and determined to make the coming meeting an unprecedented success. The committees are at work, and a full programme will be out in a few days.

Fraternally,

H. E. Beebe, Secretary.

American Institute of Homœopathy.—The Bureau of Gynæcology will report at the next annual session, to be held in St. Louis, Mo., on Diseases of the Ovaries and their Treatment. This subject has been divided, and the divisions assigned to the members of the bureau, as follows: Ovariotomy, Phil. Porter, M.D., Detroit, Mich. (*Chairman*); Ovarian Cysts, L. A. Phillips, M.D., Boston (*Secretary*); Neoplasms of the Ovary, O. S. Runnells, M.D., Indianapolis; Oöphorectomy, S. S. Lungren, M.D., Toledo; Oöphoritis, A. I. Sawyer, M.D., Monroe, Mich.; Ovarian Neuralgia, H. K. Bennett, M.D., Fitchburg, Mass.; Displacement of the Ovaries, S. R. Hedges, M.D., Chicago; Sympathetic or Reflex Symptoms in Ovarian Disorders, R. C. Allen, M.D., Philadelphia; Ovarian Dysmenorrhœa, Mrs. M. B. Pearman, M.D., St. Louis; Ovarian Therapeutics, Henry Minton, M.D., Brooklyn. In order to give time for discussion, a synopsis only of these papers (prepared by the chairman) will be read.

Convention of Homœopathic Physicians at New Orleans.—A convention of homœopathic physicians was held at New Orleans, April 9th, 10th and 11th, 1885. The address of welcome to the visitors was delivered by Dr. S. M. Angell, President of the Hahnemann Medical Association of Louisiana. At the morning session on the first day, papers were read by Dr. W. Bailey, Sr., on Cholera, Dr. Joseph Jones on Pneumonia, and Dr. A. L. Monroe on Typhoid Fever. On the morning of the second day, papers were read by Dr E. M. Hale on Indigenous Remedies of the South, by Dr. C. E. Fisher on Medical Legislation in the South, by Dr. C. J. Lopez on Dysentery, by Dr. A. B. de Villeneuve on Pernicious Fever, by Dr. D. M. Lines on the Relation Existing Between the Physicians and

the Druggists. On the evening of April 10th, the convention held a session in commemoration of the birth of Hahnemann, at which addresses were delivered by eminent gentlemen present. The morning of the third day was devoted entirely to the reading of papers presented at a late moment.

The Alumni Association of Hahnemann College held its first annual meeting at the Colonnade Hotel, on Wednesday evening, April 2d, the President, Dr. A. Korndœrfer, in the chair. A large number of physicians—graduates of the college—were in attendance. After the delivery of the President's annual address, the routine business of the society was transacted, and a large number of new members admitted. The election resulted in the choice of Professor W. Tod Helmuth, M.D., of New York, as president for the ensuing year; Dr. William W. Van Baun, general secretary; and Dr. Clarence Bartlett, provisional secretary. The association then partook of a banquet, at which Dr. Joseph C. Guernsey officiated as toastmaster, and after-dinner speeches were made by Drs. Korndœrfer, Wilder of New York, Williamson of Middletown, Jones of Darby, Van Lennep, and others. The association, though as yet less than six months old, already numbers two hundred and twenty members.

The Annual Commencement of the New York Homœopathic College was held in Chickering Hall, New York, on the afternoon of April 16th, 1885. In the graduating class was a swarthy Brahmin of Bombay, India, who received the first honorable mention for excellence in his studies. The first faculty prize, a microscope valued at $100, was awarded to Frederick S. Fulton, of Norwich, N. Y.; the second, a microscope valued at $50, was given to Nathaniel Robinson, of Brooklyn. The Wales prize, a Helmuth pocket-case, went to John W. Dowling, for the highest standing in all the junior and middle studies. The introductory address was made by Professor T. F. Allen, dean of the Faculty; the Faculty valedictory by Prof. W. T. Helmuth, and the class valedictory by Eugene H. Porter, of Orange, N. J. The following is a list of the graduates:

Murray M. Adams, D. R. J. Atwell, W. D. Babcock, F. Lee Barnum, Frederick W. Best, Lorenzo W. Bolan, Champlin F. Buck, K. B. Bullel, A. D. Chattaway, Jeptha C. Clark, Stuart Close, W. H. Connelly, Charles L. Dyer, Edwin De Baun, James A. Freer, F. S. Fulton, A.B., H. S. Graves, A.B., Matthew J. Hall, W. W. Heberton, John Husson, J. B. Lawrence, W. McCune, R. L. McFarland, John G. Maeder, George T. Mosely, C. O. Norton, M.D., L. Andrew Opdyke, Harry E. Palmer, Clarence N. Payne, W. M. S. Pearsall, Eugene H. Porter, George H. Richards, Nathaniel Robinson, Hinkson Seale, A. P. Sherwin, Jr., Fred. I. Stacy, James A. Stewart, H. S. Timm, F. R. S. White, Alden J. Woodruff.

The Alumni Association of the college held its annual meeting and dinner at Delmonico's in the evening. Sixty-six new members were admitted, and the following officers elected: President, W. M. L. Fiske; vice-president, Dr. Willis, of Boston; secretaries, G. G. Shelton, and Malcolm Leal; treasurer, A. B. Norton. George S. Norton, M.D., presided at the dinner. The silent toast, "Samuel Hahnemann," was followed by the following with responses: "Our Alma Mater," Dr. T. F. Allen; "The Clergy," Rev. Dr. J. R. Paxton; "The Law," Judge Higley; "The Board of Trustees," Hon. Salem H. Wales; "The Classes of the Past," Dr. C. W. Butler; "The Class of '85," Dr. F. S. Fulton; "Sister Alumni Associations," Dr. William T. Helmuth; "Our Western Colleges," Dr. S. R. Beckwith; "To our Retiring President," Dr. S. H. Talcott.

The Thirty-seventh Annual Commencement of the Hahnemann Medical College of Philadelphia was held at the American Academy of Music, Philadelphia, on Friday, April 3d, 1885. Professor William C. Goodno, M.D., delivered the valedictory. A class of forty-eight mem-

bers was graduated, as follows: Bauer, Rudolph F., Philadelphia, Pa.; Becker, Alfred J., Catasauqua, Pa.; Beltz, Franklin M., M.D., Philadelphia, Pa.; Bonschur, Gustave A., Philadelphia, Pa.; Burns, John C., Philadelphia, Pa.; Carr, Henry H., Five Points, N. J.; Cooper, Charles N., Parkersburg, W. Va.; Fanning, E. Burrell, Rochester, N. Y.; Farnsworth, Floyd S., Wadham's Mills, N. Y.; Fischer, Jacob, Stuttgart, Germany; Fitz, William H. A., Philadelphia, Pa.; Focht, George B. McClellan, Lebanon, Pa.; Garvin, William D., Bethlehem, Pa.; Giles, J. William, Philadelphia, Pa.; Gilbert, William L., Winchester, Va.; Gibbs, B. Frank, Pemberton, N. J.; Graham, Alfred, A.M., Flint, Mich.; Hancock, Elmer E., Jacobstown, N. J.; Harrington, Edwin S., Dover, Del.; Hoffman, James, Auburn, N. J.; Jefferds, Henry C., Bangor, Me.; Kaercher, William, Philadelphia, Pa.; Kistler, Horace E., Philadelphia, Pa.; Luyties, Carl J., M.D., St. Louis, Mo.; Mansfield, Harry K., Germantown, Pa.; Marsden, Biddle R., Philadelphia, Pa.; Marquez, Antonio J., Barranquilla, S. A.; Mertzmann, Bernard F., Philadelphia, Pa.; Melze, Louis A., Philadelphia, Pa.; Messerve, Frederick W., Crosswicks, N. J.; Mitchell, Eugene P., Hyde Park, Ill.; Mosher, Elmer E., Granville, N. Y.; Nichols, Clarence L., Portland, Oregon; Ogden, Benjamin H., Northfield, Minn.; O'Harra, John, Island Heights, N. J.; Pearre, Walter, M.D., Unionville, Md.; Prish, William J., Lockport, N. Y.; Prilay, John M., Newport, Me.; Rink, Walter S., Burlington, N. J.; Rogers, William F., Philadelphia, Pa.; Rittenhouse, Jacob S., Reading, Pa.; Schollenberger, Lewis A., Reading, Pa.; Schulze, Carl A., A.M., Sugar Grove, O; Smedley, Charles D., Philadelphia, Pa.; Spahr, Charles E., York, Pa.; Tegtmeier, Christian F., Philadelphia, Pa.; Wilcox, Asa S., Minneapolis, Minn.; Yocum, Charles A., Pottstown, Pa.

Among those present on the stage, besides a large representation of Philadelphia physicians, we noticed Rev. A. J. Gregory, John Hunter, Esq., Richard A. Lewis, Esq., J. W. McAllister, Esq., W. Hancock, Esq., and Drs. W. F. Roth, of Maryland, J. B. Wood, of West Chester, Stacy Jones, of Darby, L. B. Hawley, of Phœnixville, H. Still and H. W. Bunting, of Norristown, J. F. Musgrave, of Swedesboro, N. J., W. McGeorge, of Woodbury, M. B. Tuller, of Vineland, Isaac Cooper, of Trenton, J. Shreve, of Burlington, Louis de V. Wilder, of New York, A. Williamson, of Middletown, N. Y., W. B. Kenyon, of Buffalo, N. Y., and others.

OBITUARY.

Died.—In Danville, Va., March 21st, of scarlet fever, Ethel May, aged 2 years, 10 months; only daughter of Dr. M. E. Douglass.

Dr. John Butler, the eminent electro-therapeutist of New York City, died on Friday, April 10th, of mastoid disease with encephalic involvement. His death is a sad loss to the homœopathic profession.

Dr. J. E. Pursel died at Williamsport, Pa., of cerebellar tumor, March 15th, 1885. The deceased was born at Bloomsburg, Pa., June 23d, 1856. He graduated from the Hahnemann Medical College of Philadelphia in 1877. During the winter of 1883 he attended the lectures at the New York Ophthalmic Hospital. He thus became an expert in diseases of the eye. After his graduation he located at Muncy, Pa., but removed to Williamsport one year later. He remained here one year, when at the earnest solicitation of many friends he located at Renovo, where he practiced for several years. His death has cast a gloom over many hearts and homes.

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THE

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Original Department.

PROVINGS OF ONOSMODIUM VIRGINIANUM.

BY W. E. GREEN, M.D., LITTLE ROCK, ARKANSAS.

My attention was first directed to this drug by the late Dr. D. H. Dungan, of this city, a liberal-minded, old-school practitioner of large experience. He wrote an article on its therapeutical use that appeared in the St. Louis *Clinical Record*, in which he extolled its virtues in the treatment of all urinary diseases that were accompanied with urethral and vesical irritation. At his suggestion, I used it in a number of cases and found it to be very beneficial in some, but in others marked aggravations attended its use, and other symptoms of an unpleasant nature were developed. I therefore concluded that the dose used, twenty to thirty drops of the tincture, was too large, and that the curative action of the drug was in accordance with the law of Homœopathy. Believing that it was a remedy of much value, I determined to make a proving of it and find accurately its therapeutical range. The provers were six in number, four males and two females, and with one exception were all members of the medical profession, and did not know what they were taking. The preparation used was the specific tincture, made from the fresh plant. It was administered in doses varying from one to sixty drops, according to the effect produced, repeated every three hours. All the provers were directed to begin with small doses, and gradually increase until decided medicinal action was obtained. This was effected in some cases with one or two drops, but in others it required a much larger quantity, from thirty to sixty drops. No symptoms were recorded, unless very decided, that did not appear in two or more provers. Symptoms that affected a majority of the provers are written

in italics, and those that affected all of them are written in small capitals. In the symptoms pertaining to the female generative organs, if occurring in but one prover but of a very decided nature, they are written in italics; if they occurred in both provers they are given in small capitals. In every instance the medicine was taken continually from one to three weeks.

A botanical description of the herb is found in King's *American Dispensatory*, page 584. My friend Edward L. Le Fevre, Ph. C., has made a proximate organic analysis of it, which, though not complete in detail, is sufficiently full to warrant others in continuing his investigations. Below I give a *résumé* of Mr. Le Fevre's report. "A peculiarity of this plant is the free solubility of its principles in water. It readily yields its medicinal virtues to that solvent. From my analysis I am inclined to think that it contains two resins and may be three: one soluble in benzole and insoluble in 80 per cent. alcohol; another soluble in 80 per cent. alcohol and insoluble in benzole; and a third insoluble in benzole, soluble in 80 per cent. alcohol, but rendered insoluble by a high degree of heat. As for its medicinal virtues, they must lie in the glucoside principally, as it is readily soluble in water, and the remedy acts better in an infusion than any other way."

MIND.—Extreme DROWSINESS OF MIND AND CONFUSION OF THOUGHT. DULNESS OF INTELLIGENCE. DAZED FEELING OF THE MIND. Wants to think and not move, and thinks until she forgets everything and where she is. *Complete listlessness and apathy of mind, as though it was impossible to think. Cannot concentrate one's thoughts. Cannot remember perfectly, cannot remember what is said. Great confusion of ideas, will forget the subject of conversation; will begin a subject and before it is complete, will change to some other.* Forgets what he is reading, or that he is reading, and drops the book in vague and listless thought. Great irritability of temper. Time seems to pass very slowly and minutes seem like hours.

HEAD.—Heavy feeling of the head. She is never free from this feeling. PAINS IN THE LEFT SIDE OF THE HEAD *and over the left eye,* extending around the left side to the back of the head and neck. Much worse by movements or jar. Pains of a dull, heavy character. Pain became so intense that she was compelled to go to bed, when they were relieved by sleep, but appeared again soon after waking.

Pains in the left temple. Pain in the left frontal eminence. DULL HEAVY PAIN IN THE OCCIPUT *pressing upward* WITH DIZZY SENSATIONS. Pain commenced in right frontal eminence, but soon changed to the left, where it remained. Darting, throbbing pain in the left temple. Dull pain in the mastoid. Cannot bear to move. Feeling of fulness in the head. Relieved by eating and sleep.

EYES.—HEAVINESS AND DULNESS OF THE EYES. The eyes feel as though she had lost much sleep. Heaviness of the lids. *Dull, heavy pains and soreness of the eyeballs.* Dull aching in the upper part of the balls. Eyes feel as though they were very wide open, and he feels as though he wanted to look at objects very far away. Far off objects look large. It is disagreeable for him to look at objects near by. Tense, drawing and tired feeling in the ocular muscles. Pains in and over the left eye. Pain in the upper portion of the left orbit, with a feeling of expansion. Vision impaired. Vision blurred. Optic disk hyperæmic. Retinal vessels engorged; worse in left eye.

EARS.—Hearing impaired. H. d. R. ear reduced from $\frac{3}{4}\frac{9}{8}$ to $\frac{5}{4}\frac{5}{8}$. H. d. L. ear reduced from $\frac{3}{4}\frac{9}{8}$ to $\frac{7}{4}\frac{7}{8}$. Stuffed full feeling in the ears, as when suffering from cold. Light singing sensation in the ears as when taking Quinine.

NOSE.—Dryness of the nose, with a feeling like that experienced when taking cold. NOSE FEELS DRY. Pains in the bones of the nose. Stuffed feeling in the posterior nares. Whitish sticky discharge from post. nares, causing constant disagreeable hawking. Constant sneezing of a morning. Sneezing like when taking cold when first getting up.

FACE.—Flushed face that lasted for one hour. While her face was flushed her headache was relieved. Face feels full and flushed. Pains in the right malar bone where it articulates with the frontal bone.

MOUTH.—Dry feeling in the mouth with very scant secretion of saliva, relieved by drinking cold water. Bitter clammy taste in the mouth. Mouth very dry. Lips and mouth feel dry and parched.

THROAT.—Very sore throat. It hurts to swallow or to speak. DRYNESS OF THE THROAT AND PHARYNX, WITH SEVERE SORENESS. *Raw scraping sensation in the throat.* Sense of constriction in the pharynx when swallowing. Slight laryngeal cough, with expectoration of whitish, sticky phlegm, relieved by drinking cold water. All the throat symptoms were relieved by cold drinks and by eating. Voice husky.

CHEST.—Sore feeling in the chest.

STOMACH.—*Increased appetite.* Appetite and thirst diminished. Hunger after siesta. CRAVES ICED WATER AND COLD DRINKS; WANTS TO DRINK OFTEN. Nausea, with bitter, clammy taste in the mouth. Feeling of nausea in the morning, like that of pregnancy. Eructations after eating. Distaste for water.

ABDOMEN.—*Bloated feeling and distension of the abdomen,* relieved by removing the clothing. *Pains in the lower part of the abdomen,* relieved when undressed or by lying upon the back. Colic relieved by bending backward. Colicky feeling in the lower portion of the abdomen, like when drinking iced water. Constant feeling as though diarrhœa would come on. Abdomen feels bloated and distended.

STOOLS.—Constipation relieved while taking the medicine, but the bowels relapsed into their usual constipated condition when the medicine was discontinued. Yellow, mushy stools in the morning at regular hour. Hurried out of bed in the morning to stool. Stool greenish-yellow, stringy, mushy, with tenesmus. Shining, bloody, stringy stool with tenesmus.

URINARY ORGANS.—Urine scanty, highly colored, dark straw and brown, very acid and of high specific gravity. Seldom has any desire to urinate. Frequent, scanty urinations.

MALE SEXUAL ORGANS.—*Diminished sexual desire. Burning and itching in the urethra.* Desire to urinate lessened. *Desire to urinate, with scanty flow.* Aching pain in prostatic urethra before and after micturition. Cold feeling in the glans penis.

FEMALE SEXUAL ORGANS.—SEVERE UTERINE PAINS. BEARING-DOWN PAINS IN THE UTERINE REGION. *Uterine cramps "like those produced by taking cold during menstruation." Soreness in uterine region increased by external pressure, and by the pressure of the clothing; had to remove the corset. Old uterine and ovarian pains that had not been felt for years re-excited.* Dull, heavy aching, and slowly pulsating pains in the ovaries. Pains begin in one ovary and then pass over to the other, leaving a soreness that lasts until the pains return. Severe pain in the ovaries, increased by pressure. Old ovarian and uterine pains, at first entirely relieved, subsequently greatly aggravated. Sexual desire completely destroyed. Uterine pains better when undressed and when lying upon the back. Constant feeling as though the menses would appear. Menstruation, natural in character, appeared four days early, and lasted too long. The next two menstrual

periods were anticipating and profuse. Light yellowish, slightly offensive and excoriating leucorrhœa; profuse, running down the legs. Itching of the vulva, aggravated by scratching, and by contact of the leucorrhœal discharge.

Breasts.—Aching in the breasts, worse in the left. Both breasts feel swollen and engorged. Left breast feels bruised and is painful upon pressure. Itching about the nipple.

Heart and Pulse.—Heart's action at first increased to 90 beats per minute; pulse full and strong, within one hour it dropped down to 60; pulse soft. Pulse slow, weak, and irregular. *With every third or fourth pulsation the diastole is prolonged almost to intermittence.* Pain in the region of the apex of the heart. Constant feeling of oppression about the heart. Cannot lie upon the left side. Heart disturbance excites apprehensions lest she will die.

Neck and Back.—*Pain in the neck, running back from the forehead. Dull aching pain in the neck.* Pain in the back, very low down. Pain in the small of the back on awakening in the morning, passing away about noon. Bearing-down pains in the lumbar region. Dull, aching pain in the lumbar region.

Lower Extremities.—Pain over crest of left ilium (both female provers). Tired, weary, and numb feeling in the legs and popliteal space. Feeling of numbness, mostly below the knees. Sensation as though the legs were partially anæsthetized. *Dull, aching pain in the knees and in the tendons about the knee-joints. Tremulousness of the legs.* Disturbance of the gait in walking, with a sensation of insecurity in the step. *Loss of muscular co-ordination in walking;* staggering gait, *he cannot keep in the walk.* The sidewalk seems to be too high, which causes him to step very high; this jars him and causes his head to ache worse. Dull, heavy pain in the instep of the left foot. Numb, tingling pain in the outer side of both little toes. The legs feel tired, as though they would not sustain the weight of the body. Sensation of formication in the calves of the legs. Œdematous swelling of the ankles.

Upper Extremities.—*Pain in the left scapular region,* confined to small spot. Dull, aching pain in the biceps muscle; same character of pain in the elbow-joint and wrists. Tired, weak feeling in the arms and hands. Arms and hands tremble. Muscles of forearms feel sore and tired. She cannot write or use the hands well in eating, because she cannot properly co-ordinate the muscular movements. Pain in the phalangeal articulations.

SLEEP.—Great inclination to sleep. Sleeps well, but dreams a great deal; dreams are varied in their nature, neither pleasant nor very unpleasant. Uneasy and interrupted sleep.

AGGRAVATIONS.—Generally worse from motion or jar; worse from pressure or tightness of clothing.

AMELIORATIONS.—Better when quiet, when lying down upon the back, from sleeping, when undressed, and from cold drinks and eating.

GENERALITIES.—GREAT MUSCULAR PROSTRATION AND TIRED FEELING OVER THE ENTIRE BODY. *She feels like she had just gotten up from a spell of severe sickness.* The least exertion causes a general tremulousness. Nervous, trembling feeling, as if from hunger. Extremely nervous and shaky that physically and mentally unfits her for any duty. THE MUSCLES FEEL UNSTEADY AND TREACHEROUS, AS THOUGH YOU DARE NOT TRUST THEM TO MOVE. *Great inclination to move around with no object in view; will lie down for a few moments and without reason will get up and go somewhere else.* Will take a seat and in a few moments without thinking will move to another place. *Will start to get some object, say a book, but before the thing desired is obtained, will forget and start to get something else.* There is no relief or aggravation of the symptoms resulting from this moving about. It is a simple desire to change position without definite cause or reason. These symptoms appeared early. Later all provers had the desire to lie down and be quiet, with a drowsy, sleepy feeling. SENSATION AS IF A CHILL WOULD COME ON. *Tired, aching, stretching, gaping, disagreeable feeling.* In going upstairs she was afraid to look down lest she might fall. When walking by a fire he felt afraid that he might fall into it, and in spite of all his will-power did actually stagger into the fire. Flushed face, increased by the least motion or excitement. Flushed feeling over the whole body. Feels as though something terrible is going to happen and that she is powerless to prevent it. All sensations and pains are worse in the left side.

DAY-BOOK OF ONOSMODIUM VIRGINIANUM, BY W. E. GREEN, M.D., LITTLE ROCK, ARK.

Preparatory to taking the drug, I placed myself upon the following diet and restrictions, which were strictly adhered to throughout. Beginning October 1st and ending October 9th, I took exactly the same amount of food, drink, exercise, and

sleep every day. This is the third proving of the drug I have made upon myself, and there is no essential difference in the effects produced.

October 1st, 1884.—7.30 A.M., drank of water 6 fluid ounces; 7.45, ate breakfast, consisting of broiled steak, 2 ounces; potatoes, 3 ounces; eggs, 1 ounce; bread, 3 ounces; butter, ½ ounce; syrup, 4 fluid drachms; coffee, 6 fluid ounces; water, 6 fluid ounces. 10 A.M., drank of water, 8 fluid ounces, and 12.30 P.M., 6 fluid ounces.

Ate dinner at 1 P.M., consisting of roast meat, 2 ounces; potatoes, 3 ounces; sliced tomatoes, 3 ounces; bread, 3 ounces; butter, ½ ounce; water 8 fluid ounces. 4 P.M., drank 8 fluid ounces of water.

Ate supper at 7 P.M., consisting of broiled steak, 2 ounces; potatoes, 3 ounces; eggs, 1 ounce; butter, ½ ounce; bread, 3 ounces; syrup, 4 fluid drachms; milk, 8 fluid ounces; water, 6 fluid ounces. 9 P.M. drank 6 fluid ounces of water.

During the 24 hours passed 28 fluid ounces of dark, straw-colored urine, of natural odor, slightly acid reaction, and 1026 sp. gr.

October 2d.—Observed the same regulations as yesterday; passed 27 fluid ounces of dark, straw-colored urine, natural odor, slightly acid reaction, and 1027 sp. gr.

October 3d.—Am feeling very well this morning; slept well last night and ate my breakfast this morning with usual relish. Bowels and kidneys acted naturally; tongue clean; skin moist; pulse 72, and normal in volume and regularity; temperature 98.6°; vision in both eyes $\frac{1}{1}\frac{0}{0}$; fundus oculi normal; hearing in R. ear $\frac{2}{4}\frac{6}{8}$; L. ear $\frac{3}{4}\frac{6}{8}$. 9 A.M. took 60 m. of specific tincture of Onosmodium. Within ten minutes commenced to feel a sensation of numbness and weakness in my legs from my knees down to my feet. 9.20. Dull, heavy pain in the frontal region and in both temples, also in mastoid region. Slight sense of intoxication; dazed and uncertain feeling of the mind. There is an uncertainty of action. Have to stop to think whether or not I am going right or doing the right thing. 9.30 A.M. Very nervous and tremulous; my hands tremble so I can hardly write. Usually my hands are very steady. Pulse 84 and regular. Increasing secretions in the mouth and throat. Have a feeling of lightness about me, something like that experienced when taking chloroform. Slightly flushed feeling in the face. Decided forgetfulness; will start to say something and before the sentence is finished will begin to talk on some other subject. Quite talkative, but in a disconnected

way. Dull pain in mastoid regions. Sharp, darting pains in the left temple. 10 A.M. Am very forgetful; started to get in my buggy, but before I reached the door I forgot where I was going and went to some other part of the house; I forget everything. Am very restless, constantly moving about without cause or reason. The movement neither aggravates nor relieves my symptoms. I write very fast, with all my might, but cannot keep pace with my thoughts. Before one sentence is completed will begin upon another. I omit words and leave out letters. In writing or talking, I cannot concentrate my thoughts. 10.15. Darting pain in my left temple. Slightly blurred vision; feeling of tension in the eyes; want to look at far-off objects. Numb, tired feeling in the popliteal spaces, worse in left. Tired, wearied feeling in the limbs like one feels when just getting up from a spell of sickness. 10.30. Very impatient; can't go fast enough; my team travels too slow; have not the patience to let them walk over the rough places in the road. Dull pain in the top of the eyeballs; a feeling of tension in the eyes like when straining them to read small print. Want to look at things very far away. It is not pleasant to look at near objects. Want to keep the eyes very wide open. The eyes feel like they were very wide open. 11.30. Felt like I would have a chill. This symptom continued to occur every day at about 12 or 1 o'clock for several days after I stopped taking the medicine. Pain in the right frontal region and a dull pain through the temples. Pulse 66. 12 M. Took 60 minims; soon after had darting pains through the right malar bone and numbness. 12.20 P.M. Tired feeling in the forearms and flexures of the elbows. Aching in the elbow and wrist-joints. Shooting pains in the phalangeal articulations of the left hand. Disagreeable aching all over as though I would have a chill. 1 P.M. Took 60 minims. My restlessness has subsided and I feel sluggish and dull. Feel better when lying down. Dryness of the mouth and throat. Clammy, sticky feeling in the mouth. Ate dinner at 1 P.M. with usual relish.

My symptoms were all temporarily relieved by eating, excepting the tired feeling in my limbs. As I walked to my office, I experienced a dull aching in the calf of my left leg. Disagreeable numb feeling in the left forearm and leg, worse in the leg. Dryness of mouth and pharynx. Slight laryngeal cough, with gluey, sticky expectoration. 2.30 P.M. Feel very drowsy and stupid. 3 P.M. Took 60 minims. 3.30 P.M. Mind is dreamy and in a state of apathy; cannot think. No

pains, only a weary feeling pervades my entire body. Pulse 66. 4 P.M. Mouth and throat very dry. 6 P.M. Took 60 minims. 6.30 P.M. Much depression about the heart, as though it would stop beating. Pulse 66 and weak. Occasionally the diastole seems prolonged. In going to my office this evening my legs felt so weary and unsteady that I could scarcely walk. Have perspired very little to-day, though the weather has been exceedingly warm. Ate supper at 7 P.M. with very good relish. 7.30 P.M. Felt so tired that I was compelled to lie down. Slept for one hour and awakened much refreshed, all my symptoms alleviated excepting the mental lethargy. 8.30. Diffuse colicky pains in the abdomen below the navel; a general bellyache. Time seems to pass very slowly; minutes seem like hours. Have no resolution to do anything. I have been sitting here for an hour trying to write a letter, but have not yet made a beginning. Vague, listless, and indifferent thought occupies my mind. My ears sing, and my head feels light, as when taking Quinine. Constant laryngeal cough. Uneasy colicky sensation in lower abdomen like diarrhœa would come on. *October 4th.*—Went to bed last night at 11 P.M. Slept well all night and awoke at 6 A.M. I feel this morning sore and tired as though I had done a hard day's work. Have an annoying laryngeal cough, with white sticky expectoration. Pulse 66, irregular and weak. Sexual desire much impaired. 7 A.M. Took 30 minims. Ate breakfast at 7 A.M., but with little relish. I could not eat my steak. Had a soft mushy evacuation at 8. During the past 24 hours I passed 21 fl. ozs. of dark straw-colored urine of highly acid reaction, normal odor, sp. gr. 1027. 8.40. I do not feel well this morning. I am slightly nauseated and have a clammy disagreeable taste in my mouth, also an unpleasant feeling in my stomach. In fact I feel sick all over. Have a depressed feeling about my heart like it would stop beating. Pulse 81; rather full and slightly irregular. Am very restless this morning. I cannot be still. I am constantly moving about. Time passes very slowly. I have no headache this morning; that left me yesterday afternoon; and until recently, not so much of the numbness and weakness of the legs. Have had some eructations during the morning. 9.30. Weary numb feeling in the legs and popliteal spaces, deep seated. 10 A.M. Took 30 minims. Constant dryness of pharynx and post-nasal passage. Frequent efforts to clear the pharynx and post-nasal passage, from which I am constantly expectorating a small quantity of white sticky secre-

tion. Have a feeling of fulness, or a stopped-up feeling, in the ears. Hearing is much impaired. H. d. R. ear = $\frac{8}{48}$. H. d. L. ear = $\frac{12}{48}$. Vision in both eyes = $\frac{8}{10}$. Optic disc hyperæmic and retinal vessels engorged. 1 P.M. Took 30 minims. Have had a nervous sensation of hunger in the stomach all day. 4 P.M. Took 30 minims. 7 P.M. Took 30 minims. Ate supper at 7.10, but I had no relish for it. Have had colicky pains and a sick nauseated feeling all the evening. Much disagreeable belching since supper. Abdomen feels distended and bloated. The colicky pains are like those produced by drinking largely of ice water. *October 5th.*—Went to bed last night at 10.30, feeling very weary. Sleep was much disturbed by frequent awakening. Have a general tired feeling this morning, like I had done a hard day's work. My sleep did not rest me. Sore lame feeling across the small of the back. Have slight hacking cough, with tough, sticky, white expectoration. Ears feel as though I was suffering with catarrh. H. d. R. ear = $\frac{18}{48}$. H. d. L. ear = $\frac{24}{48}$. I usually pass water very often, and several times during the night, but since I have been taking this medicine I do not get up at all during the night, and only evacuate the bladder three or four times during the twenty-four hours. In walking this morning, I had a general tired, sore and lame feeling. During the past twenty-four hours, I passed 20 fl. ozs. of brown-colored urine, of balsamic odor, highly acid reaction, and sp. gr. 1030. It was heavily loaded with urea. 7 A.M. Took 60 minims. 9 A.M. Much oppressed about the heart. Pulse 84, and rather weak. Much dryness of throat and nose. Weary, numb feeling in the knees and legs. Tingling in the calves and feet; most marked in left. Am quite nervous and tremulous. Very restless. Bowels moved at usual hour. Action yellowish, soft, and mushy. 10 A.M. Took 60 minims. H. d. R. ear = $\frac{5}{48}$. H. d. L. ear = $\frac{7}{48}$. 1 P.M. Took 60 minims. Much dryness of mouth, throat, and nose. Constant naso-pharyngeal expectoration. Pulse 66. The system seems to become tolerant of the remedy, and, excepting the deafness, I seem to be much less affected to-day. 4 P.M. Took 60 minims. My symptoms have all been modified to-day. 9 P.M. Took 60 minims. *October 6th.*—Was quite restless last night and awoke rather early this morning. Did not relish my breakfast. Pulse 84. H. d. R. ear = $\frac{8}{48}$. H. d. L. ear = $\frac{24}{48}$. Much depression about the heart. During the twenty-four hours I passed 25 fl. ozs. of dark urine; highly acid, and sp. gr. 1030. Bowels moved same as yesterday; same character of stool. 11

A.M. Took 2 fl. drachms. 1 P.M. Took 2 fl. drachms. 1.15 P.M. Pulse 102 and full. Face feels flushed and swollen. Ears feel stuffed and full. Eyes feel tense; vision blurred. Disturbed co-ordination of the muscles of the legs in walking. Lips, mouth, throat, and nose feel very dry and parched. Sore, scraping sensation in throat, momentarily relieved by drinking cold water. Crave cold drinks to relieve the dryness, but I am not specially thirsty. 3 P.M. Took 2 fl. drachms. 6 P.M. Took 2 fl. drs. Have had very dry throat and mouth all day. Throat perfectly dry and stiff. Very full feeling in the head and face. Skin dry. No perspiration, though the weather is exceedingly warm. H. d. R. ear = $\frac{6}{48}$. H. d. L. ear = $\frac{6}{48}$. Vision blurred. Vision in both eyes = $\frac{8}{10}$. Optic disc hyperæmic; retinal vessels engorged. Worse in left eye. Bloated distended feeling in the abdomen. Pain and stiffness across the lumbar region. 7 P.M. Pulse 90. General feeling of distress and fulness in the entire body. Dull, heavy, frontal headache. Pain in both mastoid regions. Legs, from the knees down, feel very tired and weary. Aching in the knees. Am very drowsy and dull. Very forgetful. Ate supper at 7.30, which relieved my throat considerably. 8 P.M. Have much colicky pains in the bowels and feel like a diarrhœa would come on. I am quite sick, tired, and weary to-night. *October 7th.*—I passed a restless, sleepless night, and awoke very early this morning, suffering from dull occipito-frontal headache, and a tired, sore feeling all over, was hurried out of bed to stool. Had a soft, yellowish or greenish, stringy stool; urgent and accompanied with much tenesmus. During the last twenty-four hours I passed 17 fl. ozs. of very dark urine; highly acid and 1030 sp. gr. Have a very tired and numb feeling in the popliteal spaces, and aching in the knees. My legs feel as though they would not support the body. Pulse 96, weak and irregular. Decided naso-pharyngeal catarrh, with constant accumulation of white, sticky phlegm. H. d. R. ear = $\frac{5}{48}$. H. d. L. ear = $\frac{7}{48}$. Vision in both eyes = $\frac{8}{10}$. 9 A.M. Passed a small greenish or yellowish, stringy stool, intermixed with mucus and blood, and accompanied with tenesmus. I feel very badly in general this morning. Am tired and stiff all over. My legs and knees feel tired and numb, and the biceps muscles and muscles of the forearm feel sore, like when overworked. I have felt all the morning like I would have a chill; am also very restless and nervous. 8 P.M. Have felt all the evening like I had been taking quinine. H. d. R. ear = $\frac{12}{48}$. H. d. L. ear = $\frac{24}{48}$. Vision in R. eye = $\frac{10}{10}$. Vision in L. eye =

$\frac{8}{10}$. *October 8th.*—Slept well last night, and relished my breakfast this morning. Pulse 84, and irregular. Passed during the twenty-four hours 23 fl. ozs. of dark-colored urine; highly acid, and 1025 sp. gr. H. d. R. ear = $\frac{18}{48}$. H. d. L. ear = $\frac{24}{48}$. Vision much the same as yesterday. 11 A.M. Have a return of the weary numb feeling in legs and knees; also feel decidedly chilly, but not so marked as yesterday. Had one soft, yellowish mushy stool. *October 9th.*—Slept well last night. Pulse 80, irregular. Depressed cardiac feeling almost gone. H. d. R. ear = $\frac{18}{48}$. H. d. L. ear = $\frac{24}{48}$. Vision in both eyes = $\frac{10}{10}$. Disc and retinal vessels in right eye normal; disc yet slightly choked in left eye. During the past twenty-four hours passed 45 fl. ozs. of straw-colored urine, reaction neutral, normal odor, and sp. gr. 1019. Sexual desire has from the first been almost entirely obliterated. Cardiac oppression existed throughout.

DAY-BOOK OF ONOSMODIUM VIRG., BY MRS. C.

Mrs. C., æt. 30; brunette; has always enjoyed good health; appetite good; bowels inclined to constipation; pulse 75 and regular.

March 20th, 1885.—Commenced taking Onosmodium at 8.30 A.M., and took one teaspoonful every three hours, until four doses were taken each day. Fifteen minutes after taking the first dose, my throat began to feel sore and raw, and it hurt me to swallow. These symptoms were rapidly increased after taking the second dose. During the afternoon the soreness subsided on the right side, but continued on the left. At 3.30 P.M., I commenced to have a dull feeling about the head; aching in front, and worse over the left eye. My throat is growing worse. It is dry, raw, sore, rough feeling, and pains me severely. There is a slight accumulation of white, sticky phlegm that keeps me constantly clearing my throat. My throat is stiff and my voice is husky. Soon after taking my last dose at 5.30, my head began to ache severely in the left temple, and over both eyes, worse over the left. I experience the same sensation over the bridge of the nose. I am very dull and sleepy.

March 21st.—I slept well last night, but had many dreams that were rather agreeable in character, and awoke this morning feeling very tired. I had but little appetite for breakfast. Soon after taking my first dose at 8.30, my throat began to get dry, sore and raw, and the same sticky mucus began to

appear. My head aches in front and back, and I have a sharp pain under my left breast.

During the forenoon, my bowels have been very much bloated, and the distension has distressed me. I also suffered with severe colicky pains, mostly in lower part of abdomen. Loosening my clothing and lying down upon my back afforded relief. I am forgetful, and my mind seems confused. I have a tired feeling like one who has been sick, or was exhausted by long watching. This weariness is most marked in the lower part of my back. Soon after taking the third dose, at 2.30, my head began to ache over both eyes, and I became very nervous and restless. Tremulous and impatient, with a constant desire to move about. Later, I became dull and drowsy, my mind confused and body extremely enervated. I do not want to move, but sit in a dreamy, listless mood. My breasts feel swollen and sore, with itching about the nipples. When I walk I have pain low down in the back. 4.30 P.M. I have just slept an hour, and find all my symptoms gone on awaking; they soon return, and are again relieved by going into the open air.

After taking the fourth dose, at 5.30, my symptoms were aggravated in about the same order of recurrence. My eyes feel tired, and as though I was stretching them wide open. Lids feel heavy, as if I had lost much sleep. I have passed a small quantity of highly-colored urine twice since early morning. I have had but little thirst to-day, much less than usual. 8.30 P.M. My throat is still sore, and my head still aches.

March 22d.—I went to bed at 10 last night, but could not sleep on account of severe pains low down in my abdomen; like those produced by taking cold during menstruation. The same pains awoke me this morning. I took my first dose at 8.30, and in a few minutes became very nervous; my hands tremble, and I am restless. My head soon began to ache, and a listless feeling of mind came over me. I find myself gazing at objects across the room, and am completely lost in imperfect thought. I do not wish to talk or make any effort. I have been sneezing a great deal this morning, and the left side of my nose and my left eye seem to be affected. My throat is dry, raw and painful, and my voice is husky, and there is a constant but scanty accumulation of white, sticky mucus in my throat. At 1.30, I was taken with pain in my left hip. My back has ached severely this afternoon, and I have suffered from uterine and ovarian soreness, bearing-down pains, and engorgement of the breast.

March 23d.—I slept well last night, but it was interrupted by dreams. At 10.30, I had pain in my bowels, caused, I think, by gases. My bowels move every day; before taking the medicine, I was constipated. Soon after taking the dose at 8.30, I began to sneeze, grew nervous and restless; then my head began to ache, and my throat got dry and sore. During the forenoon my head has ached through the back and front, and over the eyes, mostly over the left. Head and eyes confused. Pains in the left breast from the nipple through. Severe, heavy, bearing-down pains in the womb. Sharp, cutting and throbbing pains in the ovaries. Dull, heavy, aching and slowly-pulsating pains in the ovaries. Pains begin in one ovary and then pass to the other, leaving a soreness that lasts until the pains return. The uterine and ovarian pains are increased by external pressure, by walking and by the pressure of the underclothing. Had to remove the corset. These pains lasted for many days. A general soreness in the lower part of the abdomen. My lips and mouth are dry, and yet I have no thirst. I am very drowsy, listless and dull. When I give up to this feeling and sleep I am better. Going into the open air also relieves me.

March 24th.—I slept well last night, but dreamed much. Soon after taking the medicine, I had a return of the same symptoms, in about the same order as yesterday. During the day I have had great distaste for water, and but little appetite. Have had nauseous belching, colicky, griping pains, rumbling in the bowels, bloated abdomen, and depression about the heart.

March 25th.—Dreamed much last night, and was frequently awakened by uterine and ovarian pains. Am very sore this morning through the lower part of the abdomen. I have a general feeling as though menstruation would come on. My back aches severely, and my breasts are swollen and painful. Have a general tired and exhausted feeling all over. Am nauseated, generally sick and nervous. Have much colicky griping pain, distended abdomen, rumbling in the bowels and belching, much leucorrhœa, whitish, yellowish and excoriating, causing itching, made worse by scratching. Urine scanty, highly colored, and voided frequently. Depression about the heart; pulse rapid and irregular. Pain in the region where the heart beats. This disturbance about the heart makes me apprehensive lest I should die. Soon after taking my first dose, my nervousness was increased, and, within 15 minutes, my head began to ache in front and back; worse through the

temples and over the eyes. This was soon accompanied by sneezing; sore, raw and dry throat; husky voice, and pains in back, womb and breasts. Am very drowsy this afternoon; have aching in the left side of my head and over the left eye. Distended abdomen, have to loosen my clothes; colicky pains; belching and nausea. Frequent desire to urinate, though there is but little passed. Depression of heart. Weary feeling as after a long spell of sickness. Pains over hip bone of left side. Tired, weary and numb feelings in the legs, knees and hands. My legs feel weak and tremble as though they would not sustain my body. I stagger when I walk, and I cannot use my hands well, they are so tremulous. I have pains in the finger-joints. These symptoms have attended me, more or less, throughout. I have had no thirst to-day and but little appetite. After taking my last dose, I had flushed face; full bloated feeling all over; am very nervous and tremulous; cannot hold my book, or control my muscles to walk or to write. The least exertion causes great tremulousness. I am also restless and forgetful; will start to do one thing, and do another. Cannot get things right; started to go into the dining-room, and went upstairs. These symptoms usually exist in the morning, and soon after eating a meal.

March 26th.—Have had about the same symptoms to-day as yesterday. Am much depressed in spirits. I feel as though something terrible was going to happen, and I am powerless to prevent it. My bowels are inclined to looseness. I took the last dose to-day. In a former proving of the drug, the symptoms were somewhat dissimilar. Then I took smaller doses, and continued the drug for more than three weeks. When I commenced to take it then, I was suffering slightly with ovarian pains. These were allayed upon first taking the drug, and a degree of sexual feeling was excited. After taking the drug for a few days, the ovarian pains, accompanied with uterine pains and severe, excoriating leucorrhœa, reappeared, and the sexual feelings were entirely extinguished. This time the ovarian and uterine pains, with the sexual passion, were developed at the beginning, and gradually increased to the end. These symptoms have been most severe and almost unendurable. The pains in my back, womb, ovaries and breasts continued unabated for several days, until my menstruation came on, which was too early and for one day very profuse; then it almost stopped. Before, it came on four days too early, was natural in character, too profuse, and lasted too long. This condition of irregularity lasted for several months. Dur-

ing the latter stages of the former trial, I was much more nervous than now and had much less control of my muscular movements. The leucorrhœal discharge was also worse. Before there were other differences, mostly in degree, that I cannot now enumerate.

AUXILIARY MEANS.

BY C. B. KNERR, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

In the cure of disease and promotion of health, the term therapeutics is generally limited to the use of drugs. Drugs, developed into remedies, as we possess them in the rich storehouse of our Materia Medica, constitute the chief and most reliable curative agents, but there are other means auxiliary to the healing of the sick. These receive too little attention in the books, and are often neglected at the bedside. They are means that have mostly originated among the people since time immemorial, and have, one by one, found their way into the hands of the doctors, and, having proved useful in one case and another, they have formed a valuable stock in trade of *helps to cure*. Limited time and space will permit but a very condensed arrangement of the adjuvants to medical practice. I shall be able to touch only upon the principal ones and those most harmonious to our system of medicine. I have, for convenience, classified them into mental and physical auxiliaries, the use of the imponderable agents, of which there are air and light, including the use of colors, the various applications of heat and cold, the water treatment, the electricities, magnetism or mesmerism, the contact of metals, the Swedish movement cure, rest and massage. Mechanical means are left to surgery, where they most properly belong. Disinfectants, auxiliary in preventing disease, so-called germ-killers, indiscriminately used and abused, have to be omitted for want of space. Dr. Austin Flint, in a recent lecture, complicates the subject of disinfectants by asking for a parasiticide for each particular parasite, and thinks when this is accomplished therapeutics will have undergone a revolution. This revolution we know to have begun long ago, and we also know the author of it.

Mental auxiliaries are the most subtle measures, such as are employed in the treatment of the insane and patients suffering from nervous disorders. Homœopathy was the first therapeutic system that acknowledged the influence of the mind

upon the body, and its remedies are powerful to restore lost mental balance, but much can be done to assist the remedies by moral and other auxiliary influences. If we accept the hypothesis that "all physiological action is but the operation of psychological forces," and the one that follows from this, that "diseased conditions of the body are caused by a disordered and morbid state of the spiritual life," we can readily conceive how means, that will induce other modes of thought and feeling, will prove strong factors in curing disease.

Persons have been shot dead with blank cartridges, criminals have died from a supposed loss of blood, nervous people have died with symptoms of hydrophobia when under the supposition that they have been bitten by a rabid dog. In these cases, the mind operated injuriously upon the system sufficient to cause death. In other cases, hope and love and faith have been the means to inspire, strengthen and revive those who had fallen into despondency, lack of energy, disbelief and doubt, and their train of physical infirmities. We all impart an influence to everything living, with which we come in contact. In endeavoring to exert an influence for good on our mentally-diseased patients, we must meet them kindly yet firmly, treat them with respect, as far as possible enter into their delusions, and so avoid contradictions which fret and rouse opposition which soon develops into rage. All reasoning with a highly nervous or insane person is futile.

Hahnemann was the first man who removed the manacles and chains from the maniac and treated him as a fellow-man. Homœopathy teaches that *mild might* is greatest. Our auxiliaries should be chosen with a view to this.

Mesmerism and Animal Magnetism are spiritual forces as yet little understood, but possessed in a degree by all physicians. We exert this power in proportion as we become interested in our patients, and find ourselves drawn towards them with a desire to do them good. When the patient feels better as soon as in the presence of his physician, he is getting the benefit of personal magnetism.

Mesmerism, a higher degree of magnetism, induces sleep, and is a valuable adjuvant in quieting the delirious, the raving, and those suffering acutely from pain. Hypnotism, another form of the same agency, has lately been revived by the English surgeon, Baird, and is successfully employed, both in England and Paris, as a substitute for anæsthetics in Minor Surgery.

Another of the imponderable forces, yet not so fine as those

mentioned, is the electricity evolved from the action of magnets, another kind from the contact of metals (also lately revived by the Old School), and, finally, we have the electricities which go under the name of friction or static electricity and galvanism. These latter are forces too powerful for delicate therapeutic purposes; the difficulty is to obtain a current mild enough to be an agent for good. It would seem easier to move an engine with this force than soothe an irritable nerve. The electric current may act beneficially as an excitant to deadened nerves of sensation or motion, to arouse or increase action, also to induce absorption of tumors and indurations, but we must admit that, as a therapeutic agent and adjuvant to medical treatment, it has been crudely applied, and the results have been disappointing.

Air and Light cannot be over-rated as auxiliary measures, and are needful in almost all cases to insure recovery. They cost nothing, and are easily applied. The sick-room should be full of them. Encourage open fireplaces, condemn furnace-heat, air the beds, sun the bedding, let the patient lie or sit in the sun's rays. We appreciate too little the vitalizing properties of light and color. It is but seldom and temporarily necessary to darken a sick-room. It is never necessary to exclude fresh air. In small-pox and typhus, an airy room is indispensable. Chromopathic healing promises by its results to become a useful auxiliary to practice.

The chemical and therapeutical power of the different color-rays can no doubt be reduced to a science. The blue light, the red, the yellow, have their various fields of application. Those interested in the subject are referred to Babbitt's book (*Principles of Light and Color*, Boericke & Tafel).

Heat is an indispensable auxiliary, far more often used than its opposite, cold. Among the different forms of application we have dry heat as a disinfectant; radiant heat as a germ-destroyer; the hot room of the Turkish baths to keep the skin active, and eliminate poisons; artificial heat during chills; rubbing with heated flannels, hot bottles, and other objects that retain heat long; warm bandages to protect the abdomen and kidneys; hot fomentations; hot inhalations of steam to reduce congestions and to relieve pain; hot hip-baths to relieve and facilitate the passage of renal calculus; hot poultices, hot pack, hot rubber-bags and raw cotton;—all having their proper time and place.

The application of *cold* reduces temperature, or stimulates to action, and in surgery produces local anæsthesia. In re-

ducing temperature, the degree of cold should not be too far removed from the degree of heat, for in those cases, as, for instance, sunstroke, a shock is not desirable. A gradual diminution of heat is what we desire to bring about. A shock is desirable when we wish to rouse the system, as in coma, asphyxia, syncope, narcotism from opium, chloroform, alcohol, etc., in the restoration of frost-bitten parts, for the purpose of local excitation in paralysis, in some kinds of spasm, and to arrest hæmorrhage. The ice-bag is to be regarded with suspicion. It has done more harm than good. So has ice in every form.

In *water*, we have a valuable adjuvant. We use it in bathing, in cleansing, in flooding closets and drain-pipes; we apply it hot or cold as is most agreeable to the patient, or as it best serves the use for which it is applied. Sponging with tepid water allays fever, as well as itching and burning of the skin; the cold-water pack and cold-water compresses are serviceable in reducing temperature; warm baths develop eruptions, and hot baths are valuable aids in checking zymosis.

Water cooled near the ice is preferable to ice-water as a drink; bits of ice are occasionally permitted, to allay vomiting or to arrest bleeding. Nine parts of water mixed with one part of alcohol make an excellent gargle in diphtheria; salt water sponge-baths excite action of the skin and are invigorating. Drinking hot water has lately come into fashion, and appears to benefit the digestive organs; it also stops vomiting sometimes when nothing else will; prudent immersion in hot water to relax spasm in teething children often proves beneficial; injections of hot water remove congestions and relieve pain.

Stimulants carefully used are important, but are too often abused in the most reckless way. Brandy, whiskey and strong wines are often necessary to help overcome prostration and revive the sinking forces. Beef-tea should be very sparingly used, for it is a powerful stimulant. Strong coffee has proved of benefit to arrest a chill, to sober up a delirious patient suffering from alcoholism, to relieve an attack of colic, and to calm the last struggles of the dying. Cod-liver oil, malt, malt liquors, etc., pure wines, particularly Tokay, each in its proper place, are indispensable auxiliary means.

In other cases, it is not desirable to stimulate, but to withhold food and drink, and enjoin *absolute rest*. The cases benefited by the rest-cure are overworked and brainfagged individuals, who have exhausted their nervous vitality.

Inflammatory diseases of the bowels, heart troubles, hæmorrhages, gastric ulcer and diseases of this description need rest.

In other cases, *position* must be studied. The raising of the arms overhead in nosebleeding, taking up the infant when suffocative paroxysms set in, keeping the patient propped up in lung troubles, and recumbent in hæmorrhages are valuable considerations. As a rule, it is better to let the patient choose his favorite position, not only in asthma and heart troubles, but in all cases, under all circumstances, when the patient is conscious, particularly in nervous and brain troubles, with insomnia.

Every means of *physical culture* is an adjuvant to medical treatment. The conditions of rest, position and motion play a prominent part in the well-being of everyone. For a few we must prescribe a passive, but for the many an active state. Complete passivity is seldom indicated, and never for a long time.

Activity means health, health activity. If your patient is *blasé* and sick for want of an idea in his mind, if he has any left, plant one there. Rouse him to do something beyond eating, sleeping and breathing, if it be but to earn his own bread and butter. Work is the great panacea for the ills that result from idleness. Physical training is beginning to receive the attention it merits, and future generations will be the better for it. From the gentle massage applied to the flabby muscles of the helpless, bedridden patient, to the Swedish movement exercises, the calisthenics of the schools and gymnasium, the natatorium, the outdoor exercises of croquet, tennis and ball, rowing a boat, riding a tricycle, bicycle or a horse, sailing a boat or climbing a mountain, there is an unbroken chain of resources for the invalid, any one of which, if prudently chosen and faithfully practiced, will reward him with health,—that greatest boon enjoyed by humanity.

In making use of general means in our practice, we must remember that these are but *expedients*, that the true power to heal lies in the remedies, to which end we must study our Materia Medica, and individualize the cases we have to treat.

DISEASES OF THE HEART SUBSTANCE.

BY WILLIAM H. HUNT, M. D., PHILADELPHIA.

HYPERTROPHY AND DILATATION OF THE HEART.

Definition.—By hypertrophy of the heart, sometimes called hypersarcosis cardis, or active aneurism, we understand an increase of its muscular tissue, producing an abnormal enlarge-

ment of the organ as regards either volume or weight. By dilatation of the heart, we understand an expansion of the cavities of that organ. As these two conditions are frequently associated, and, as a rule, are produced by the same cause, and productive of somewhat similar symptoms, it has been thought expedient to consider them together.

Varieties.—Under the head of hypertrophy of the heart we distinguish three varieties, viz.:

1. *Simple Hypertrophy.*—An increased volume of the heart, with cavities normal in size.

2. *Eccentric Hypertrophy.*—Increased muscular tissue, with cavities enlarged.

3. *Concentric Hypertrophy.*—Thickening of the walls, with the size of the cavities diminished.

Under the head of dilatation of the heart we also distinguish three varieties, viz.:

1. *Simple Dilatation.*—Enlargement of the cavities, with normal thickness of the walls.

2. *Passive Dilatation.*—Enlargement of the cavities, with thinning of their walls.

3. *Active Dilatation.*—Heart cavities enlarged, with increased thickness of the walls. Very similar to eccentric hypertrophy.

Among the various forms of enlargement of the heart, eccentric hypertrophy and passive dilatation particularly interest the physician. The existence of concentric hypertrophy is made out with great difficulty, and only by the most experienced diagnostic skill, the most erudite touch being required to recognize changes in the pulse produced by this condition. Besides muscular tissue, the heart contains connective and adipose tissue. An increase in either of these constituents is an element in cardiac hypertrophy. Thus, "fatty hypertrophy," and "connective-tissue hypertrophy," have been described, but we will apply these names to degenerations, and confine the term hypertrophy to increase in the muscular tissue of the heart. Increased thickness of the pericardium and endocardium, which often coexists with muscular hypertrophy, will be found fully treated of in the articles on "Endocarditis," and "Pericarditis."

History.—Senac was the first physician who gave us any accurate knowledge of enlargement of the walls of the heart and dilatation of its cavities. Dr. H. F. Albertini, as early as 1672, called attention to the fact that the left ventricle was especially prone to hypertrophy, and the right to dilatation.

In 1728, Lancisi gave us the true pathology of hypertrophy and dilatation; he retained the name of aneurism of the heart, making a distinction between active and passive aneurism. The earliest allusions to enlargement of the heart appear to be those of Nicholaus Massa, in 1559. Avenbrugger, in 1763, was the first to employ percussion to diagnose hypertrophy of the heart; his example was soon taken up and followed by Corvisart, who translated his work. Bertin advocated auscultation as a means of distinguishing the "concentric" and "eccentric" forms. The different heart sounds in hypertrophy were, however, first accurately stated by Laennec.

Etiology.—Whenever the heart, or any portion of it, is called upon to perform work beyond its normal capacity in order to overcome mechanical obstructions, or as a result of increased innervation, hypertrophy, with or without dilatation, must be the result.

Left Ventricle.—The left ventricle is more inclined to hypertrophy than the right; it being more powerful, it will be easier for it than for the more feeble right ventricle to meet any obstacle with increased energy, as the latter will sooner yield to such opposition and hence dilate. The heart has an innate power, in itself, to regulate its own action, and all those conditions which interfere in a mechanical way with the emptying of the left ventricle, lead to increased activity of this muscle, and such conditions are:

1. *A narrowing of the aortic opening;* and the narrower the opening the greater will be the obstruction to the column of blood, and a healthy reaction of the ventricle produces hypertrophy of its muscular fibre. Enlargement commences in the left ventricle in connection with lesions affecting the mitral orifice and valves, involving either contraction or insufficiency, or both combined. In the great majority of cases, hypertrophy is consecutive to, and dependent upon, valvular lesions—these lesions producing obstruction to the free passage of the blood through the orifices, or regurgitation due to valvular insufficiency. The hypertrophy commences in that portion of the heart which is primarily affected, but the several portions sustain to each other, in their anatomical structure and functions, relations so close and reciprocal, that causes which at first are limited to one portion affect, ultimately, the whole organ. The enlargement, however, preponderates in the portion which was first affected.

Valvular lesions give rise to hypertrophy of the left ventricle most frequently, next in liability to enlargement is the

left auricle, next the right ventricle, and lastly the right auricle.

Insufficiency of the aortic valve is the most frequent cause of hypertrophy of the left ventricle. If the valves cannot close at each systole of the left ventricle, the heart muscle must expel not only the blood which has flowed into the cavity of the left ventricle from the left auricle during the diastole, but also, in addition, that which has regurgitated from the aorta in the same time. In brief, it must, with each systole, send forward a larger quantity of blood than normal, and in order to meet this demand, must undergo hypertrophy.

Contraction of the aorta and other arteries produces hypertrophy of the left ventricle; the same result may follow dilatation of these vessels, and this for two reasons: *a*, if the dilatation is considerable, the left ventricle must make a powerful exertion in order to force the current of blood through that which is retarded in the dilated portions; *b*, as such portions of the arterial system have usually lost their elasticity, there is the same failure alluded to above, in the force which drives the volume of blood forward.

The cutting off of whole portions or regions of the capillary system ought to occasion hypertrophy of the left ventricle, but this is found to be a fact, only as regards the right ventricle; when the capillary system supplied by the right ventricle is partially or completely obstructed, enlargement of the right ventricle is produced.

Pathological changes in the texture of the heart, such as myocarditis, endo- and pericarditis, and fatty degeneration, frequently cause hypertrophy of the left ventricle. Adhesions of the heart and pericardium, causing difficulty in the heart's movement, increase the energy of the left ventricle, and thereby cause hypertrophy, as will also excessive bodily exertion, or anything that causes increased heart action; such overaction of the heart is well seen in simple nervous palpitation, and, most strikingly, in exophthalmic goitre. Long-continued emotional excitement is a powerful cause of hypertrophy. It is often found in pregnant women, and after repeated attacks of epilepsy. Bright's disease is often associated with hypertrophy of the heart, from increased arterial blood-pressure, the result of some obstruction to the movement of the blood in the minute vessels.

Right Ventricle.—The causes that produce hypertrophy of the right ventricle are, stenosis at the origin of the pulmonary artery; narrowing of the calibre of the pulmonary artery by

pressure from without, as by tumors, aneurisms, etc. Obstruction to the capillary circulation in the lung develops it in the most striking manner. Obliteration of these capillaries is produced by pleuritic exudations, vesicular emphysema, permanent infiltrations, bronchiectasis, curvatures of the spine, pneumothorax, and thoracic tumors of any kind. Clots in extensive portions of the pulmonary artery, and over-distension of the pulmonary artery from incomplete evacuation of the pulmonary capillaries into the pulmonary veins, are prominent causes of hypertrophy of the right ventricle, especially if there is disease of the auriculo-ventricular opening. Atheroma of the semilunar valves of the pulmonary artery will cause hypertrophy of the right ventricle.

Auricles, Hypertrophy of.—This is much more rare than dilatation of the same cavities; dilatation and hypertrophy usually are associated together, and really constitute eccentric hypertrophy. Its greatest cause is stenosis of the right and left auriculo-ventricular openings.

Hypertrophy of the Whole Heart.—This is found mostly in middle and advanced age, and is a natural sequence of simultaneous disease at several of the openings, extensive sclerosis of the arteries, diseases of the lungs, aneurisms, complications of valvular diseases, fatty degeneration of the heart, myocarditis, general disease of the heart substance, chronic Bright's disease, and any cause that produces increased heart action. The overaction of the heart is the cause of its overgrowth.

Dilatation of the Heart.

Dilatation of the heart is always a secondary disease, produced by increased pressure from within the heart cavity, when the walls have not increased in thickness, or have become weakened by disease. In the left ventricle, dilatation is most beautifully developed in cases of insufficiency of the aortic valve. In consequence of the cavity being filled from two sides at once at each diastole (*viz.*, by entrance of blood from the left auricle, by that which regurgitates from the aorta), the walls of the ventricle must submit to an increase in pressure for which they are not adapted, and to which they will gradually yield. Soon, by virtue of the compensatory power innate in the heart, the condition changes into one of eccentric hypertrophy. It depends upon the nature and quality of the heart tissue which shall prevail, hypertrophy or dilatation. Enormous dilatation of the left auricle is found in cases where there is stenosis of the left auriculo-ventricular orifice. Simi-

lar dilatation of the right auricle will be found when there is stenosis of the pulmonary artery, with insufficiency of its valves.

Through disease of the muscular tissue of the heart, it loses its normal contractile power, and then the walls of the heart must yield to the blood-pressure within, and the greater the advance the disease has made, the greater will be the dilatation. The greatest predisposing causes of dilatation are, first, myocarditis, and, second, fatty degeneration of the heart. It may often be associated with severe puerperal diseases, typhus fever, variola, scarlatina, and pyæmia. Certain poisons often cause it, as phosphorus, iodoform, arsenicum, etc. General malnutrition and anæmia constitute a predisposing cause. Overexertion in laborious occupations may also be a cause of dilatation, although it would be more likely to produce hypertrophy, for nature has so ordained, that when a healthy muscle is called on for extra-exertion, it shall develop hypertrophy and not atrophy.

Resistance to the movement of the blood through the vascular system, as is found in obstruction of the smaller vessels, is a powerful cause of dilatation, and is most effective when suddenly developed or intermitting, and especially when the condition in which it arises is such as to impair the nutrition of the walls of the heart. Diseases of the large vessels, aorta and pulmonary artery rarely cause dilatation.

Pathology.—To understand the pathology of hypertrophy and dilatation of the heart, it is necessary to first know the measurements and weight of the normal heart, in order to have a starting point for the comparison of healthy with diseased conditions of that organ.

Weight of the Healthy Heart at different Ages in Males and Females.

	Males.	Females.
Ages 10 to 14 inclusive. Mean weight.	6 oz. 1.5 drs.	5 oz. 0. drs.
" 15 " 20 " " "	8 " 2.66 "	8 " 1.66 "
From 20 " 30 " " "	8 " 0.14 "	8 " 10.42 "
" 30 " 40 " " "	9 " 7.95 "	8 " 13.94 "
" 40 " 50 " " "	9 " 11.11 "	9 " 3. "
" 50 " 60 " " "	9 " 12. "	9 " 7.33 "
" 60 " 70 " " "	10 " 13.33 "	7 " 0. "
Mean weight between 20 and 55 years of age, in 76 males,	9 oz. 8.74 drs.	
" " " " " " " in 49 females,		8 " 13.16 "
Difference, ...		11.58 "

The increase in the size and weight of the heart is often considerable. A heart which exceeds 9 oz. in a man or 8 oz. in a woman, probably possesses an excess of some constituent,

in most cases, of muscular tissue. A common weight for hypertrophied hearts is 12–16 oz. Hearts are occasionally seen of much greater weight, especially when dilatation extends the area, and hypertrophy the thickness of the cardiac walls. Under these circumstances, the enormous "bovine" hearts are met with. Walshe has met with one weighing 40 oz.; Lancisé mentions one which weighed, emptied of blood, two pounds and a half; Croker King, one of 44½ oz.; Austin Flint, one of 46 oz.; but the enormous weight of five pounds, mentioned by Lieutaud, must be regarded as doubtful.

The average thickness of the wall of the left ventricle is about half an inch in men, rather less in women. The increase is usually greater towards the base than towards the apex. When the wall of the left ventricle measures three-fifths of an inch in thickness, it may be considered hypertrophied. An increase in the average thickness to three-quarters of an inch, is not uncommon. An inch and a quarter is occasionally reached, and, it is said, an inch and a half or even two inches. The larger dimensions were probably in cases in which there was but little dilatation, and the heart was contracted.

The right ventricle yields readily to internal pressure, and presents a marked increase in the thickness of the wall much less frequently than the left; simple hypertrophy is very rare. The numerous columnæ carnæ are commonly much thickened. The cavity is usually enlarged, but may be lessened in rare cases; probably, however, only where some malformation is present. When the right ventricle is thus hypertrophied, and the left is dilated, the two may, as Morgagni and Bertin remarked, seem to have become transposed.

The left auricle is not unfrequently hypertrophied. The average normal thickness of its wall is one line and a half; when hypertrophied it may reach two to three lines. The right auricle is rarely hypertrophied. The average thickness of its walls is one line; when hypertrophied it may attain one-and-a-half or two lines. The auricles have never been found to present contraction of their cavity.

Of the several portions of the heart, the left ventricle is most frequently enlarged; next, in liability to enlargement, is the left auricle; next, the right ventricle; and, last, the right auricle.

The valvular lesions which especially lead to hypertrophy of the left ventricle are seated at the aortic orifice. Contrac-

tion or insufficiency of the mitral orifice also leads to enlargement of the left ventricle.

Enlargement of the right ventricle is produced by contraction and valvular insufficiency at the orifice of the pulmonary artery.

Enlargement of the heart, not associated with valvular lesions, may be due to obstructions at a distance from the centre of circulation, as obstruction to the pulmonary circulation incident especially to emphysema of the lungs, and occasionally to chronic pleurisy. Collapse, and dilated bronchi, also lead to enlargement.

The texture of the organ is strikingly hard; the tissue creaks and gapes open on section with the knife, and this is particularly striking in the right ventricle. The color in simple hypertrophy is dark reddish-brown. Later on in the disease, when fatty degeneration has occurred in some portions, we find the heart substance sprinkled over with clearer, yellowish spots.

According to R. Lee, confirmed also by Cloetta, in hypertrophy of the heart there takes place also a thickening of the nerves; it is not certain, however, whether this arises from increase in their primitive fibres or from a greater development of the connective tissue forming their sheath.

The nature of the change in the muscular fibre in hypertrophy has been the subject of much discussion. Does the increase in the size of the heart depend on an increase in the size or in the number of fibres? The evidence is strongly in favor of the view that the increased thickness of the wall is due solely to increase in the number of the fibres constituting it, *i. e.*, to the formation of new muscular fibres, and not to an increased size of the fibres. This increase in the number or size of the muscular fibres of the heart-walls, causes a corresponding increase in the heart power.

The structural changes, which take place in the muscular tissue of the walls of the dilated cavities, vary with the morbid process which precedes and attends the dilatation. When it results from pericarditis or myocarditis, there are serous infiltration and granular degeneration of the muscular fibres; when it is the result of fatty metamorphosis, the muscular fibres undergo fatty degeneration.

Symptoms.—As hypertrophy and dilatation are, as a rule, secondary and not primary diseases, the physician must be careful to distinguish between the symptoms which belong to the disease in question, and to those which may be referred to the original disease.

Patients afflicted with this disease, when excited, complain of palpitation of the heart; this cardiac action is often irregular and intermittent. In almost all cases, there is some cerebral hyperæmia. Active physical exercise or alcoholic stimulants will cause headache, vertigo, ringing in the ears, and bright spots or flashes before the eyes. Where there is great hypertrophy, the patients complain of a feeling of fulness, weight and pressure in the region of the heart, but of no actual pain. Shortness of breath is usually first observed after attacks of palpitation. Swelling of the bronchial mucous membrane and increased secretion are connected with the active distension of the bronchial arteries. Shortness of breath on exertion is common, and is connected directly with the hypertrophy. True cardiac dyspnœa is rare, and any considerable shortness of breath is probably to be ascribed to the cause of the hypertrophy or to the concurrent dilatation.

In simple hypertrophy, there is often a dry, irritating cough, and in young, fleshy females it has a wheezing character. In right heart enlargements, the cough is often distressing. In left hypertrophy, hæmoptysis is common, and comes on suddenly. Rupture of the bronchial arteries may occur. When the arteries are predisposed to, or have already developed *small aneurisms*, cerebral apoplexy may at any time occur. In fact, the majority of cerebral apoplexies, which occur in young subjects, are associated with cardiac hypertrophy. It is now well established that there is a close connection between atheroma of the arteries and cardiac hypertrophy. Some observers claim that the cardiac hypertrophy is secondary to the arterial changes; but it is a fact of everyday observation that hypertrophy from valvular changes will give rise to atheromatous changes in the arteries. The steps of these changes are, first, cardiac hypertrophy, second, endarteritis, and, lastly, atheroma.

The direct effect of general hypertrophy of the heart is to cause an abnormal fulness of the arteries and a lack of blood in the veins. The pulse is full and strong, and is bounding in character; the face is easily flushed, the eyes somewhat prominent and brilliant, and there is visible carotid pulsation. The respiration is not usually disturbed until the heart becomes so increased in size as to give rise to pressure upon the adjacent lung-tissue and upon the diaphragm, then the patient will have a sense of fulness about the chest, and with that sense of fulness there will be more or less uneasiness in the epigastrium, and the digestion will be more or less interfered with.

Pulsation of the veins of the neck can be relied on as an

indication of dilatation of the right auricle. The attacks of fainting which sometimes occur are caused by anæmia of the brain—more apt to occur in dilatation than hypertrophy.

Cardiac-dilatation Symptoms.—These differ somewhat from those of hypertrophy, the capacity of the cavities being increased, the amount of blood to be expelled with each cardiac pulsation is greater than normal; consequently, there is labored action of the heart (often so great as to be mistaken for the action of an hypertrophied heart), yet the force of the heart's action does not increase, and, therefore, we have a feebleness of the radial pulse. The rhythm of the heart's action will not be disturbed. In that form termed atrophic dilatation, there is a very different state of affairs. The heart cavities are not only dilated, but the walls of the cavities are thinner than normal; the heart power is insufficient for the expulsion of the blood from its cavities, and, as a result, there is a labored action, and the heart, on account of the increased amount of labor, staggers in its action, the arteries are imperfectly filled with blood, the veins become overdistended, the rhythm of the heart's action is disturbed, and the radial pulse becomes markedly feeble and intermitting. These latter points are of special importance as affecting the question of prognosis; for, if a patient has all the symptoms of cardiac dilatation, without an irregular and intermitting pulse, the prognosis is comparatively good. The same disturbance of the circulation occurs in that form of dilatation which is developed from the degeneration of eccentric hypertrophy.

"The first, and perhaps the most constant symptom, which is common to all varieties of cardiac dilatation, is *cardiac palpitation*. At times, this is very distressing. There is almost constantly a sense of painful pulsation in the region of the heart. The patient complains of weight, oppression, or uneasiness in the cardiac region, with a sense of fluttering and a tendency to sighing respiration. Very soon after the palpitation has manifested itself, the patient will begin to suffer from dyspnœa on slight exertion; when he is perfectly quiet, he suffers very little. As the irregularity of the heart's action and the palpitation increase, the patient's countenance assumes a pale, languid, anxious expression, with more or less lividity of the lips. The extremities are habitually cold. On excitement or active physical exertion, the entire face and neck become livid, the pulse, which is usually regular for a time, becomes irregular and intermittent. In this condition, patients often live some time in comparative comfort; but they are

conscious, not only of a loss of physical, but also of mental power, and they are troubled with dyspeptic symptoms, as fulness in the epigastrium and troublesome vomiting.

"As the cardiac dilatation reaches a point at which there is a constant cardiac insufficiency, the patient suffers with dyspnœa, which becomes severe on slight exertion; the cardiac palpitation is always present, and often accompanied by attacks of syncope. The countenance assumes a still more anxious expression, and the lips are always livid; the pulse is constantly irregular and intermitting. With these symptoms, there will be scantiness of urine, which will contain albumen and perhaps blood; the feet and ankles become œdematous, the œdema generally extending upward, until the patient is in a state of general anasarca. The breathing becomes very difficult, so much so that the patient is unable to lie down, but is obliged to sit, with his head inclined forward, and resting on some firm support; he is unable to utter more than a single word at a time. The respirations may be thirty or forty per minute, panting and noisy in character. Cough and expectoration are not uncommon; hæmoptysis may occur, and in some cases pulmonary infarctions form. Petechial extravasations not unfrequently occur, especially in dilatation of the right heart. The extremities become cold and blue; the mind wanders, the skin assumes a yellow tinge, and the patient dies from general anasarca with pulmonary œdema, or from urinary suppression. During the advanced stage of this affection violent paroxysms of dyspnœa sometimes occur in some cases in which it seems as though the patient must die, yet they are rarely immediately fatal; but the patient passes from them into a state of coma, and later dies unconscious. There is always danger from sudden syncope, which may prove immediately fatal."—*Dr. A. L. Loomis.*

Physical Signs.—The physical signs of cardiac hypertrophy will vary with the seat and extent of the hypertrophy, but in dilatation the physical signs are very distinct.

The character of the impulse is one of the most striking symptoms of cardiac hypertrophy, especially if the whole heart or left ventricle is involved. Very often we find it pushed downward and further over to the left than normal, in the sixth, seventh, or even eighth intercostal space. Not unfrequently we may observe the whole change in the position of the heart at each systole, while, at the time of the greatest bulging, we may observe retraction of the intercostal space lying over the apex of the heart, and also at the scrobiculum

cordis. Displacement of the apex further to the left, only indicates, as a rule, hypertrophy of the right ventricle, while dislocation to the left, and downwards at the same time, indicates usually hypertrophy of the left ventricle. The character of the heart's impulse is characteristic only of a left ventricular hypertrophy, in which, very often, not only over the apex, but also above it, the hand laid upon the chest will be raised with considerable force at each impulse. This phenomenon will be most distinctly observed by placing a stethoscope against the wall over the apex and seeing how it will be thrown forwards. Frequently the whole left side of the chest will be pushed over to the left with each systole, so that there ensues an actual heaving of the thoracic wall. In other cases, the impulse is simply increased, and communicates a jarring blow to the head resting upon the chest-wall. In hypertrophy of the right ventricle the jarring impulse is most evident between the apex and the lower portion of the sternum, and just here it is strikingly distinct.

Percussion.—In hypertrophy of the heart the normal area of cardiac dulness, both deep-seated and superficial, will be increased to the right, left, and downwards. The dulness is increased upward only when the auricles are not only hypertrophied, but also dilated. If the hypertrophy is confined to the right ventricle, the area of dulness may extend considerably to the right of the sternum, sometimes reaching an inch or more beyond the right sternal edge, extending lower down than normal; while, if the hypertrophy is confined to the left side of the heart, the area of dulness may extend considerably beyond the left nipple. The area of superficial dulness will also be increased. In eccentric hypertrophy of the left ventricle, the superficial area of dulness will be increased to the left; if the right ventricle is enlarged, the superficial area of dulness will be increased to the right and downward. All this applies to dilatation, except that the dulness has an upward tendency. When the jugular veins are permanently dilated and knotted, the existence of dilatation of the right auricle will be easily determined.

Auscultation.—The first sound of the heart is dull, muffled and prolonged, and in most cases, greatly increased. The post-systolic silence is shortened. In extensive hypertrophy, both sounds of the heart have a metallic ring. In hypertrophy of the right ventricle, the first sound is more distinct and more superficial than normal, and the second sound is not infrequently reduplicated. The respiratory murmur is mostly ab-

sent over the præcordial region. If extensive pulmonary emphysema exists, although the heart's size should be greatly increased, its sound will be diminished rather than intensified.

In *dilatation* the sound of the heart is short, abrupt and feeble; the second sound is often inaudible at the apex; and the two sounds are nearly equal in duration and character. Whenever a cardiac murmur has existed prior to dilatation, the rhythm is gradually lost as dilatation is developed, and it soon becomes a confused murmuring sound (*asystolism*). When this asystolic condition is present, the prognosis is very unfavorable, and the patient is liable to die suddenly. The respiratory murmur is greatly diminished over the whole of the left lung.

Pulse.—The pulse is often characteristic of dilatation and especially hypertrophy, the distension of the artery is so sudden and strong, that it even becomes perceptible in the small arteries, in consequence of the powerful jarring of the arterial wall; listening over the brachial and femoral arteries, this humming sound can be frequently heard, and is characteristic of hypertrophy.

Inspection.—In some cases, there will be an abnormal projection of the præcordial region, more especially in early life, and the impulse of the heart in hypertrophy produces a heaving, lifting motion of the wall of the chest—movements sometimes seen, which are not perceptible to the touch. Alternate movements of the intercostal spaces are often apparent to the eye which cannot be ascertained by palpation. Mensuration is often useful as an aid in the diagnosis of this disease.

Diagnosis.—Cardiac hypertrophy may be confounded with cardiac dilatation, thoracic aneurism, mediastinal tumors, consolidation of lung-tissue surrounding the heart, pericardial effusions, encapsuled pleuritic exudations, and displacement of the heart. The latter may be distinguished from hypertrophy by there being no change in the heart-sounds, no heaving impulse, no cerebral hyperæmia, and there being no increase in the area of dulness in the cardiac region.

Dilatation of the Heart.—In this, we have a feeble heart-action, undulating impulse, indistinctness of apex-beat; short, abrupt, and feeble heart-sounds; a feeble, irregular and intermitting pulse, with pulmonary and systemic congestion. Pulsation of the veins of the neck can be relied on as an indication of dilatation of the right auricle. We have no means of diagnosticating dilatation of the left auricle. The differential

diagnosis between *cardiac hypertrophy* and *cardiac dilatation* is never difficult. The differential diagnosis between thoracic tumors, enlargement of the heart, and consolidation of lung-tissue, is often difficult, but the careful study of all the symptoms, and the recognition of some cause for the disease, will enable us generally to form a correct diagnosis.

Prognosis.—Cardiac hypertrophy admits of a more favorable prognosis than any other cardiac affection, for it is, in almost all instances, compensatory, and it may exist for years without danger; in fact, the urgent symptoms of some other cardiac affections are relieved by it, and in this way life is prolonged. When there is degeneration with the hypertrophied walls, the result of imperfect nutrition, or when there is disease of the arterial coats, the prognosis is unfavorable; the same in Bright's disease. The prognosis in hypertrophy of the right ventricle is not as favorable as that of the left, because it is accompanied by pulmonary obstruction, and consequently is rapidly progressive. In any case of cardiac hypertrophy, the prognosis depends upon the cause of the hypertrophy, and the kind of valvular or other cardiac lesions existing. The patient should not be made aware of the presence of such hypertrophy, for a knowledge of such a fact would greatly alarm him, and aggravate the disease.

The prognosis in cardiac dilatation is always unfavorable, and the danger to life is increased in proportion to the excess of the capacity of the cavities over the thickness of their walls. Feebleness of the general muscular system and impoverishment of the blood increase the danger. When disease of the kidneys is present, or when patients have been subject to paroxysms of dyspnœa and attacks of syncope, the prognosis is especially bad, for there is danger of sudden death. Whenever dropsy exists, the prognosis is unfavorable; under such conditions, few patients live more than eighteen months, and the great majority die within a year. When general anasarca exists, and the patient is no longer able to assume the recumbent posture, only temporary relief can be given. In patients with a regular pulse, or one that only becomes irregular after violent physical exertion, the prognosis is comparatively favorable, and much can be done to relieve their symptoms and prolong life.

[The treatment of these diseases, by the same author, will be given next month.—Eds. H. M.]

THE NEW ANTIPYRETIC ALKALOIDS.

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QUININE, when heated with caustic potash, becomes quinoline. Now quinoline may be made in another way, namely, from *coal-tar*. Hence the efforts to make quinine from coal-tar and the successful production from coal-tar of various substances akin to quinine in antipyretic properties.

This paper will consider *quinoline*, *kairin*, *thallin*, and *antipyrin*, the last three of which are recent synthetical triumphs of German technical knowledge and skill. Whether these substances will take the place of quinine or not has yet to be determined, but a study of their remarkable antipyretic properties, and of the admirable syntheses by which they are prepared, cannot fail to be of the utmost interest.

Quinoline.—This substance is of interest to us more from a chemical stand-point than otherwise. It is known that quinine is a derivative of, or at least closely related to, quinoline. The latter substance was discovered in coal-tar by Runge, in 1834, who called it *leukol;* other names for it are *chinoline* and *quinoleine*. Its formula is usually given as C_9H_7N; by the French as $C_{18}H_7N$. It will be seen from the formula that *nitrogen* is a constituent; it is, therefore, in view of this and of certain well-known properties, classified among the alkaloids, and, since it is made artificially, among the *artificial* alkaloids.

Quinoline may be conveniently made by heating certain coal-tar derivatives—aniline and nitrobenzole—with glycerin and sulphuric acid. It occurs in the form of a transparent, colorless, mobile oil of a disagreeable odor and acrid bitter taste. It is sparingly soluble in cold water, more soluble in hot. It mixes in all proportions with alcohol, ether, etc. Its specific gravity is 1.081; it boils at 462° F.

Therapeutic study of quinoline shows that it cannot be used successfully as a substitute for quinine. It causes a notable fall of temperature—gastric derangement and tinnitus aurium being concomitants. In toxic doses it increases the frequency of respiration, diminishes, and finally abolishes reflex excitability, brings about paralysis and death, the latter often attended by pulmonary œdema. It and its salts have antiseptic properties. For hypodermic use the tartrate of quinoline is preferable to the hydrochlorate, being more soluble and less apt to cause irritation. The hypodermic dose is 5–15 grains for an adult.

The salts of quinoline have been used with varying effects in intermittents, typhoid fever, neuralgia, whooping-cough, pneumonia, erysipelas, septicæmia, etc.

Chemists of late have been led to think that quinine, from its large proportion of hydrogen,* is a derivative of *hydrated* quinoline rather than of quinoline itself, or rather they suspect that quinine contains a *nucleus*, as it is termed, of a hydrated quinoline. O. Fischer and W. Königs, of Munich, have on this theory as a basis succeeded not, it is true, in making quinine itself synthetically, but in obtaining a series of new substances capable of reducing febrile temperature to the normal point and comparatively free from local effects. The first of these substances which we shall consider is the hydrochlorate of oxy-hydro-ethyl-quinoline.

Kairin.—Quinoline treated with Nordhausen sulphuric acid becomes *quinoline-sulphuric acid;* quinoline-sulphuric acid treated with sodium hydrate at the fusion point gives us a substance called *oxy-quinoline.* Oxy-quinoline, when treated with reducing agents,† takes up hydrogen and becomes *oxy-hydro-quinoline.* Lastly, when oxy-hydro-quiniline is treated with ethyl-hydriodic ether, there is produced an ethylated compound *oxy-hydro-ethyl-quinoline.* This combined with hydrochloric acid forms the *hydrochlorate of oxy-hydro-ethyl-quinoline,* to which the much shorter name of *kairin* is given for purposes of convenience.

The formula for quinoline is as we have shown C_9H_7N; that of quinoline-sulphuric acid, or quinoline-sulpho acid as it is also termed, is $C_9H_6(SO_3H)N$; that of oxy-quinoline $C_9H_6(OH)N$; that of hydro-oxy-quinoline $C_9H_9(OH)NH$), oxy-quinoline taking up *four* atoms of hydrogen; that of ethyl-hydro-oxy-quinoline $C_9H_9(OH)(NC_2H_5)$, the last atom of hydrogen in hydro-oxy-quinoline being replaced by ethyl C_2H_5; finally, that of ethyl-hydro-oxy-quinoline hydrochlorate $C_9H_9(OH)(NC_2H_5)HCl$, the hydrochloric acid uniting directly with the ethyl-hydro-oxy-quinoline without loss of its own hydrogen.‡ The formula for kairin $C_9H_9(OH)(NC_2H_5)HCl$ may be written empirically $C_{11}H_{15}NO,HCl$. Molecular wt. 213.5.

According to recent German authorities, kairin forms colorless and odorless, small, rather thick prisms of a saline, then

* The formula for quinine is $C_{20}H_{24}N_2O_2$.

† In this particular synthesis, a mixture of tin and hydrochloric acid.

‡ This is characteristic of the union of acids with alkaloids. Thus, the formula for quinine is $C_{20}H_{24}N_2O_2$; that of the hydrochlorate $C_{20}H_{24}N_2O_2HCl$

pungent, camphoraceous and cooling taste, which persists for a long time. It is soluble in cold and warm water, less soluble in alcohol; nevertheless, the concentrated aqueous solution is not rendered cloudy by the addition of alcohol nor by the subsequent addition of ether. The solution becomes gradually oxidized and colored on exposure to air; hence kairin should only be dispensed in a *dry* form, either in powder or in wafer capsules. If it must be given in solution, it should, at all events, be dissolved in water or in wine only just before it is taken. When cautiously heated, kairin volatilizes sometimes with decrepitation before it melts; at a slightly elevated temperature it melts, turns brownish, gives off inflammable vapors, and leaves behind an easily combustible ash. The vapors have a faintly aromatic odor, and affect neither the eyes nor the air-passages.

Carbonate of sodium produces, in the aqueous solution of kairin, a copious white precipitate of ethyl-hydro-oxy-quinoline, which cakes together on shaking, to cheesy flakes, rendering the liquid clear. These flakes, when warmed, melt to small, clear, colorless drops, which shortly afterwards change into small crystals, melting at 74°–75° C., and acquiring a brown color on exposure to air. With nitrate of silver, kairin yields an immediate precipitate of chloride of silver, becoming black after a short time. Towards hydrosulphuric acid and sulphide of ammonium it is indifferent. Ferric chloride colors its solution brownish-red. In the solution, acidulated with sulphuric acid, ferrocyanide of potassium produces a crystalline precipitate, soluble in much water. The neutral solution of kairin is colored yellow by bichromate of potassium, this color afterwards changing to brown, dirty-green, and afterwards bluish-violet.

The acidulated solution of kairin is colored blood-red upon the addition of nitrite of potassium, but no immediate precipitate is produced. If, however, any traces of hydro-oxy-quinoline are still present in it, an immediate precipitate is produced by the nitrite.

Kairin may be contaminated by a poisonous ammonium base having the composition $C_9H_6(OH)[N(C_2H_5)_2Cl]$, which may be detected by precipitating the aqueous solution with soda, filtering, shaking the filtrate with ether (to remove any remaining traces of ethyl-hydro-oxy-quinoline), concentrating the aqueous liquid by evaporation, and treating with diluted sulphuric acid and ferrocyanide of potassium, whereby a white precipitate is produced if the above poisonous base is present.

When the discoverer of kairin desired to place it on the market, it was at once found that it could be made to advantage and at a reasonable price only in works where quinoline was manufactured on the large scale, and where the operations of substituting methyl, ethyl, and other radicals in organic compounds were carried on as a regular branch of business. Such establishments are the large factories of aniline colors, and it was of one, the largest of these, namely, the firm of Meister, Lucius & Brüning, of Hoechst on the Main, which undertook the manufacture.

At first only very small quantities, and those of a rather inferior look, could be turned out, owing to the great trouble and difficulty of the process, it being found particularly difficult—as we have been given to understand—to methylate properly the quinoline. After a while, however, it was ascertained that, by substituting *ethyl* instead of methyl, the process was greatly facilitated, while the product had the same properties as that made before. Hence the preparation of the *methyl kairin* was abandoned (or nearly so), and the *ethyl kairin* worked out as a product.*

In regard to the *therapeutic value* of kairin the following may be said: Filehne† more than a year ago called attention to the antipyretic properties of kairin, as did also Freymuth.‡ Since that time numerous notes regarding it have appeared in the various journals, a few of which will be noticed here.

The results of Fischer and Königs's use of kairin were to the effect that, given in doses of from 15 to 22 grains to healthy adults, it has no physiological action and no effect upon the temperature. It also does not produce any unpleasant effects, such as headache, ringing in the ears, or sickness. When, on the other hand, it is administered in hourly doses of 7½ grains in febrile conditions, with the temperature ranging between 103° and 105° F., the temperature is usually reduced in two hours from three to five degrees, and not infrequently falls to normal. The defervescence is generally accompanied by profuse perspiration, which usually continues until the temperature ceases to fall, by shivering, and by a greenish discoloration of the urine. If administered in larger doses (from 22½ to 50 grains) it often produces grave symptoms, such as cyanosis, apathy, and subnormal temperature,

* American Druggist.

† Deutsche med. Wochenschrift, 1883, p. 14. Journal de Pharmacie et de Chimie, 1883, p. 66.

‡ Berliner klinische Wochenschrift, 1883, No. 6.

which necessitates the prompt use of stimulants. Occasionally collapse is produced by it, resembling, it is said by Drs. Freymuth and Polchen, that of cholera Asiatica, but differing from the latter in the sense of vigor felt by the patient, who invariably recovers. Filehne says the temperature is often reduced to 94.6° F. by doses as small as the eighth of a gramme in patients of slender build or who are emaciated or suffering from hectic fever.

Guttmann has given kairin in cases of pneumonia, measles, phthisis, typhoid fever, scarlatina, pleurisy, peritonitis, erysipelas, ague, septicæmia, and apparently always with advantage. On the other hand, Dr. H. Menche's (of Rheydt) experience with it in the pyrexial stages of pneumonia, pleurisy, and pernicious anæmia was unfavorable, which has been attributed by others to the use of large doses. In rheumatism, he found that its use was followed by diminution of the pain, but not by any reduction in the swelling of the joints. Freymuth and Polchen have prescribed it in relapsing fever, with the following results: When given from the fourteenth day after the first attack of relapsing fever, the second attack occurred as usual, but in a very modified form, with a rigor but no elevation of temperature, and with spirilla in such small numbers that the nature of the attack was barely recognizable. This continued for twenty-five hours, when the kairin was omitted. Two hours afterwards a classical relapse occurred, with a temperature of 104.9° F., and spirilla in abundance.*

Renzi† has used kairin in doses of from 25 to 50 centigrammes (3.8 to 7.6 grains) every hour or every half hour, the patients after each dose drinking half a glass of water. Its administration should be stopped when the temperature falls, but the best way to give it is in doses of 50 centigrammes every half hour until the thermometer indicates 38° C. (100.4° F.). In the case of children the dose is 25 centigrammes. If the temperature falls rapidly, cease giving the kairin, and thus avoid the phenomena of collapse. Renzi finds that kairin diminishes the *frequency*, but augments the *force* of the pulse. The number of respirations is diminished; in two cases it was increased, in one case not affected. The *temperature* is lowered even to that of collapse if the drug is persistently given; the greatest fall of temperature has as a rule taken place in from one to four hours. The *urine* is but slightly affected; it be-

* Therapeutic Gazette.

† Revista clinica e terapeutica, Paris medical, Bull. de thérapeutique. Journal de Pharmacie et de Chimie, 1884, September, p. 215.

comes green in color, and this coloration persists for a day or two. The reaction of the urine is strongly acid, and remains so for several days. Neither the salts nor the urea are affected in amount by kairin. The *perspiration* is greatly increased; out of six cases perspiration was wanting in one only. In three cases the quantity of perspiration was extraordinary. In four cases *lachrymation* was noticed together with irritation of the lids; in three others there was a very acrid, whitish, mucous discharge from the nostrils, with sensation of itching and finally of burning. Regarding its action on the *nervous system*, Renzi speaks as follows: In two cases marked tremors; in one case violent spasms of the muscles of the face; no tinnitus, dimness of sight, no heaviness of the head. The dynamometer showed augmentation of muscular force, persisting for several days. Renzi thinks that kairin is entirely *eliminated* by the kidneys. In order to detect it in the urine, add to the latter a few drops of a solution of perchloride of iron (1–20) and boil. Kairin gives a brown precipitate with the perchloride.

The *antipyretic action* of kairin is very marked; the lowering of temperature always takes place, and is sometimes, though not always, extreme. The condition of apyrexia thus produced is variable in its duration. In some cases the temperature rose again at the end of three or four hours. In one case a total of 9 grains produced a fall of temperature, lasting only half an hour. In some cases 15½ grains were necessary to bring about the extreme fall of temperature; in three cases it took 23 grains, and in one 69 grains, to reduce the temperature to its lowest point. In some others also heavy doses had to be given.

The *antiseptic* action of kairin is shown by the following experiments of Renzi: 30 grammes of urine from the same patient were poured into two beakers, 15 grammes in each. To one nothing whatever was added, but to the other kairin was added. At the end of twenty-four hours the urine to which nothing had been added was alkaline in reaction and ammoniacal in odor, but the urine containing kairin was neither.* Pulmonary expectoration was next experimented on. Into each of two beakers were put 6 grammes of this fluid and nothing added to one, while to the other 25 centi-

* The *Journal de Pharmacie et de Chimie* says: "15 grammes furent mélangés avec 25 grammes de kairine." This would be nearly *twice* as much antiseptic by weight as urine. It is perhaps a typographical error for 25 centigrammes.

grammes of kairin were added. At the end of twenty-four hours the non-kairin expectoration was of a whitish opalescent appearance and fetid odor; the fluid to which kairin had been added was of a reddish-orange color and slightly aromatic odor. The microscope showed numerous bacteria in the one, but none in the other.

Renzi sums up concerning kairin as follows: Kairin has a certain antipyretic action without marked concomitant phenomena. Increased muscular power—even more notable than in the case of quinine—is seen in almost all cases. Kairin produces neither tinnitus, deafness, painful respiration, nor vomiting. In one case only was there neuralgia, which, however, disappeared when the medicine was stopped.

Trusservitsch, chief of the naval hospital in Kronstadt, has made one hundred experiments with kairin to test its antipyretic value. He divides his observations into the following three categories:

1. Kairin administered by the mouth in doses of 7 to 15 grains shows its fullest effect, provided the temperature does not exceed 104° F., and a quantity of not less than 15 grains be given. (33 observations.)

2. The salt not being readily soluble, 1 drop of dilute hydrochloric acid has to be added to each hypodermic dose of 7 to 15 grains. The injections caused no pain and no reactions, but did not prove more effective than the exhibition of the same dose given internally. (12 observations.)

3. Kairin internally, with rectal injections of carbolic acid, given simultaneously, gave the best results. As long as the temperature remained below 104° F. 7 grains were given in conjunction with an enema of 1½ ounces of carbolic acid (4 per cent. solution), without producing any symptoms of intoxication. The temperature fell in half an hour 1.5°; in two hours 2.8°. The maximum fall thus amounted to 4.3°; the reaction was not so great as usually noted when kairin alone was given. (25 observations.)*

In this country kairin has not been extensively used. Drs. Hutchinson, of Philadelphia, and McBride, of New York, have tried it. Dr. Hutchinson's experience with the drug is as follows: In a case of typhoid fever, which had been treated in the usual way up to the ninth day, it was decided to try kairin. A dose of this substance, 8 grains, was accordingly given when the temperature was 103° F. An hour

* Deutsche Med. Zeitung, 101, 1884. Therapeutic Gazette, 191, 1885.

later, no effect having been produced, a second dose of the same amount was administered. At 3 P.M. the temperature was found to have been reduced to 101° F. At 5 P.M., as the thermometer showed that the temperature had risen again to 103°, a third dose of a like amount was prescribed, with the result of a fall of temperature within an hour to 101⅘° F. At 8 P.M. the temperature had again risen to 103°, and a fourth dose was accordingly administered, and the temperature again reduced one and a half degrees. The exhibition of the drug was followed by depression, by profuse sweating, and, after the last dose, by some muscular tremor. The depression of temperature was temporary, lasting only about an hour. Kairin was not administered again until the fourteenth day after admission, when it reduced the temperature in an hour from 102.5° to 100°. In the meantime the fever had ceased to be continuous, the morning remissions being as marked as they usually are in the third week of typhoid fever.

In one other case of typhoid fever kairin was also given with as marked results as those just detailed, and it also reduced the temperature very considerably in a case of malarial fever; but in this latter case the dose was not pushed as in the other cases, on account of the extreme debility of the patient.

A case of sunstroke is also reported in which kairin was given. The patient, who had a temperature of 105°, was conscious, but almost delirious with pain in his head. A cold bath was given to him immediately after his admission to the Pennsylvania Hospital which reduced the temperature a few degrees. It rose again soon after, and the skin became as dry and burning as before. Eight grains of kairin were then given to him. In an hour his temperature had fallen two degrees, and he was covered with a profuse perspiration. The temperature after this steadily fell, and in three hours it reached the normal.

Observing that profuse perspiration was one of the consequences of its administration in the above cases, it occurred to Dr. Hutchinson that kairin might possess valuable properties as a diaphoretic. With this end in view, he gave it in eight-grain doses to a patient with general anasarca dependent upon disease of the kidney. No sweating followed its use—a result which was probably due to the fact that the patient was free from fever. It will be remembered that in the author's opening remarks it is expressly stated that no sweating is produced by its administration in health.

The cases just reported demonstrate that kairin possesses the power of reducing the temperature of the body in fever to an unusual degree, and that it does this with certainty and promptitude, and, it may be added, when moderate doses are used, with safety. One care, however, it is necessary to exercise in its administration, and that is to use fresh specimens of the drug only, as it undergoes change if kept for any length of time. It reduces the temperature much more rapidly than quinine, although the apyrexia produced by it is of much shorter duration than that caused by the latter. It is also capable of depressing the temperature during the evening exacerbations of fever, while the most marked results are obtained, on the other hand, from quinine just before the morning's remission. Its use is also free from some of the objections usually urged against the latter, as it does not give rise to unpleasant effects, such as headache, ringing in the ears, and the like. Although less rapid in its action than the cold bath, it is obvious that it may be administered in many cases in which resort to the latter would be impossible. The excitement and terror which are often occasioned by the use of the bath, even when it is brought to the bedside of the patient, constitute a positive objection to it, which, in the author's opinion, becomes insuperable in cases in which it is necessary to carry him some distance to a bath-room. It is said to exert a marked and favorable influence over the brain-symptoms which occur in fevers, possessing, in this respect, an undeniable advantage over several of the other antipyretics.*

According to Dr. T. A. McBride, kairin is best given in $3\frac{1}{2}$-grain doses, every hour or half hour until the temperature is reduced to 101°. As soon as this gives the slightest indications of again rising (which must be watched carefully) another dose of $3\frac{1}{2}$ or 7 grains is again to be given, and continued if necessary.—"Kairin in Typhoid Fever and Albuminuria in Intestinal Hemorrhage," by Dr. Thomas A. McBride, of New York, in the *Medical Record* of December 15th, 1883.

Every new remedy is subjected to criticism. Kairin has not been an exception to this rule, since Prof. Halla, at Prague, has recently condemned it in quite unmeasured terms, although giving it praise for certain qualities.

The kairin used by Prof. Halla in his experiments was obtained direct from the laboratory of Meister & Lucius. The temperature was taken in the rectum, during every fifteen to

* Therapeutic Gazette.

thirty minutes, from six o'clock in the morning to twelve o'clock at night; occasionally a series of days were allowed to pass, the patients receiving no medicine at all, in order to observe the course of temperature during this time. He nearly always worked according to Filehene's directions, but in some instances larger doses more frequently given were necessary. Fourteen patients, two with arthritic rheumatism, one with pleuritis, one with croupous pneumonia, four with typhoid fever (one mild case), one with remittent fever, four with pulmonary tuberculosis, consumed during forty days of testing 157 gm. (℥v) of kairin. In certain cases during some days the temperature resisted the action of kairin very much. It was no easy matter to fix for any length of time the antipyretic effect of this drug, and sometimes it failed entirely to have any effect whatever, even in doses of 0.75 to 1.0 (gr. x–xv); the phthisical patients were the least resistant.

The administration of kairin never caused any unpleasant symptoms; the patients always felt well; the excessive sweating caused little complaint unless it continued too long. Uneasiness or maniacal excitement did not occur as when large doses of resorcin are given. The pulse was affected pleasantly; nearly always it was reduced, not weakened. The medicament was given in capsules, and on the whole was tolerated pretty well; ten times it caused vomiting, five times in the case of an old phthisical patient, possibly on account of the irritation from the cough rather than from the medicine. In this case rectal injections were finally resorted to, with more satisfactory results. The rapid rise of temperature after a decline is not a pleasant effect; during the forty days it occurred four times, lasting occasionally four hours, causing marked chilliness, and thirteen times brought about a chilly sensation. This unpleasant effect could not be warded off, even by large doses of kairin. It occurred sometimes after 1.0–1.5 (gr. xv–xxij) in divided doses. Collapse was only observed in one case of severe typhus, after the use of 3.0 (gr. xlv) of kairin during twenty-four hours. During six days the study of kairin was entirely satisfactory, inasmuch as it was successful in keeping the temperature reduced for a number of hours without causing any unpleasant secondary effects. On the other days the result was far from being satisfactory; either the effect was of short duration or was not well marked. On the strength of the above experiments and observations, and in consideration of the work in this field of Guttmann, Mirkel, Riess, Freymuth, Poelchen, Fäeurich, and Riegel, Halla

comes to the following conclusions: It is not at all probable that kairin will ever enjoy a wide range of application, or ever be generally employed, since its administration is so complex and so circumstantial; it requires the frequent use of the thermometer, the temperature should be taken in the rectum from hour to hour, and then the dose regulated accordingly. In the face of all this care and labor, the results not unfrequently are, to say the least, unsatisfactory. The summary of the results of Guttmann, Riess, and Halla is, that out of one hundred and seventy experimental days there is an average of one severe chill every three days. We are compelled to oppose the premature triumph of the chemists, with determination, since they have not succeeded to synthetically prepare an article that can displace or even compare with quinine. One glance at the temperature cards of the cases where quinine in one large dose (1.5 to 2.0 [gr. xx to gr. xxx]) and kairin in divided doses was given, will illustrate the above. H. is not of the opinion that quinine can be given in all cases with the desired results. In severe cases of pneumonia and typhoid fever 2.4 (gr. xxxvj) doses quite often have no effect worth mentioning on the course of the temperature.*

Kairin, however, was destined soon to have a more formidable enemy even than Prof. Halla, and that in the newly discovered substance which we shall now consider.

Thallin.—This new antipyretic was discovered by Professor Skraup, of Vienna. It is a derivative of quinoline, the latter being changed by chemical processes first into para-oxy-quinoline, then methylated, becoming para-oxy-methyl-quinoline, then finally taking up hydrogen and becoming letru hydro-para-methyl-oxy-quinoline $C_9H_6H_4N(OCH_3)$, called *thallin* for short. The latter name was chosen for it on account of its characteristic property of yielding an emerald green with the perchloride of iron. [Para-oxy-methyl-quinoline, or para-quinanisol as it is also termed, is obtained by heating a substance called paramidoanisol to 140°–155° C. together with paranitroanisol, glycerin, and sulphuric acid; on taking up hydrogen it becomes thallin.]

Thallin occurs in the form of an oily liquid which, in combination with hydrochloric acid, gives a salt easily soluble in water. The salts of thallin used by Von Jacksch in his experiments are the sulphate, hydrochlorate, and tartrate, to-

* Therapeutic Gazette, 313, 1884.

gether with the hydrochlorate of ethyl-thallin. The sulphate and tartrate are in the form of white crystalline powder, the crystals of which are plainly visible under the microscope. The hydrochlorate is also a crystalline salt, but is hygroscopic and unstable in contact with the air. The sulphate of thallin has a characteristic odor, suggesting that of anisol; the odor of the tartrate suggests that of coumarin. The taste of both salts in concentrated solutions is disagreeable, bitter, poignant, and salty; dilute solutions have an aromatic agreeable taste. Heated to below 100° C., the salts of thallin melt, and become faintly brown in color; when the temperature is raised they blacken, yielding a swelled carbonaceous mass, which can easily be incinerated. The sulphate of thallin is soluble in five times its weight of cold water, and very soluble in boiling-water, from which latter on cooling crystals deposit, which, under the microscope, appear in the form of tables or long needles. The solution darkens quickly on exposure to light. The sulphate requires 100 parts of alcohol to dissolve it, the solution darkening on exposure to light. This peculiarity of darkening does not appear to belong to thallin itself, but to some other substance occurring with it and from which it has not yet been isolated. This substance, whatever it is, does not occur in so great amount in the tartrate as in the sulphate. Sulphate of thallin is sparingly soluble in ether, and but little more soluble in chloroform. Both solutions rapidly become yellow, and deposit crystals visible under the microscope. The tartrate of thallin is less soluble; it requires 10 parts of water and 100 of alcohol. In studying thallin and its characteristics, recourse is had to the sulphate on account of its greater solubility. The most remarkable and characteristic reaction of the salts of thallin is that with the perchloride of iron. 5 c.c. of an aqueous solution of thallin (1–10,000), to which one drop of officinal ferric chloride is added, become in a few seconds a dark and persistent emerald-green. The same coloration may be obtained with dilutions up to 1–100,000, but longer time is required for its development. Agitation of the mixture with ether, chloroform, or benzole does not remove the color. Concentrated sulphuric acid does not affect the color, hence the process of Schweissinger for distinguishing quinine, salicylic acid, resorcin, kairin, antipyrin, and phenol one from another by use of perchloride of iron in presence of sulphuric acid, can be applied to thallin also, as none of these other substances just mentioned give a green coloration with the perchloride. The green coloration gradually

disappears in from two to twenty-four hours, according to the quantity of reagents used, becoming a yellowish-red. Thiosulphate of sodium changes it to violet, then to wine-red. Oxalic acid, at ordinary temperatures, changes it to bright yellow and, on heating, to saffron-yellow. Other oxidizing agents cause this same green color to appear when added to salts of thallin, hence the name of the latter from the Latin *thallus*, a green stalk or green bough; Greek, θαλλός. Bichromate of potassium, chromic acid, mercuric nitrate, chlorine, bromine, iodine, and nitrate of silver in aqueous solutions, added in small quantities and with care to solutions of thallin, produce the green coloration. Excess of the reagents causes white or dark precipitates. Dilute solutions of thallin are necessary only in the case of the perchloride of iron; for the other reagents a strength of 1–100 will do. Picric acid gives, with solutions of thallin, an abundant yellow precipitate, not affected by tannin, mercuric chloride, chloride of tin, dilute nitric acid, nor by hydrochloric acid. Sulphate of thallin, treated directly with concentrated sulphuric acid, shows no change, but on heating becomes slightly brown in color. The vapors of fuming nitric acid color this salt first red, afterward transforming it into a brown mass. The solutions of thallin are colored red by fuming nitric acid, especially on application of heat. This coloration may be removed by chloroform. In slightly concentrated solutions of thallin, caustic alkalies and ammonia give rise to a white turbidity, disappearing on addition of water and easily on agitation with alcohol, ether, or benzole.

Regarding the *therapeutic* action of salts of thallin, Von Jaksch* has made experiments in eighty-six cases of febrile affections, amongst which he mentions intermittent fever, typhoid fever, rheumatism, measles, erysipelas, puerperal fever, pneumonia, and tuberculosis. In malarial fever Jaksch succeeded in aborting not only the fever, but also all other symptoms of the paroxysm, such as headache, perspiration, etc., by the administration of the drug two or three hours previous to the anticipated attack. Even in the height of the paroxysm thallin proved rapidly successful in eliminating all febrile symptoms. But in spite of this evident sway exercised by thallin over the febrile process, it was incapable of *curing* a single case of malaria, as the discontinuation of the drug was invariably followed by the return of the paroxysms, which

* Therapeutic Gazette; from Wien. Med. Woch., 48, 1884.

finally of course yielded to treatment with quinine. The absence of all secondary effects was notable. Not inferior was the antipyretic effect of the drug in cases of typhoid fever. In one case of typhoid fever, well known in Vienna, that had resisted all efforts to reduce the temperature, including quinine and baths, the exhibition of thallin resulted in a reduction of the temperature of several degrees (Celsius), within a few hours. The same results were obtained in acute articular rheumatism, and all other of the above-mentioned febrile affections. The fever was easily abated, but all other symptoms remained; this was eminently the case in tuberculosis. Finally Jaksch remarks that the sulphate of thallin is the most energetic of the three salts experimented with, and recommends its use in all cases of a persistently high fever where the salts of quinine or salicylic acid prove unsuccessful or are contra-indicated. The dose of the sulphate of thallin is 3 grains.

It remains now for the homœopathic practitioner to give these new remedies a thorough proving, and to assign them a definite place in our symptomatology.*

[The remainder of this paper, embracing the subject of Antipyrin, will be published next month.—Eds. H. M.]

GUNSHOT WOUND OF THE EYE.

BY W. H. WINSLOW, M.D., OPHTHALMIC AND AURAL SURGEON TO THE PITTSBURGH HOMŒOPATHIC HOSPITAL.

On December 28th, 1884, at 1 o'clock P.M., I was summoned to the Homœopathic Hospital, and took charge of John Donohue, a sandy-haired, lusty, muscular laborer, aged twenty-three years. His companion informed me that his friend had been shot in the eye by a pistol held two feet away, during a brawl on Christmas day, and that a doctor at Berlin had removed the eyeball and the bullet.

The patient was in bed, the temperature about normal, the pulse 78, the tongue coated white, the face a little flushed, and there had been some nausea and slight vomiting for several hours.

The right eyelids were swollen and œdematous, the orbit was full of dense, hard tissue, covered with pus and projecting

* In regard to the price, supply, etc., of these new alkaloids, the reader is referred to Parke, Davis & Co., of Detroit, through whose kindness I have been furnished with much of the information contained in this article.

between the lids, the eyeball had been partially removed, but it was impossible to determine how thoroughly because of the swelling and tenderness, and a small wound covered by a scab was seen through the upper lid.

He complained of slight pain in the injured eye and of severe headache in the *left* brow and temple. The left eye was a little suffused, but otherwise normal.

A compress of cold boracic acid solution was kept over the forehead and injured eye, and cracked ice and Ipecac. were given often. The stomach symptoms becoming better, Belladonna was given internally, and the compress was continued, because the swelling had diminished, and the tissues in the orbit become softer, only the headache was severe. The patient continued to improve somewhat for two days, when the pain in his head increased, he became restless and a little delirious, and was given one-eighth of a grain of Morphia sulph. by the house surgeon, which produced a comfortable sleep. The next morning he was rational and feeling better, and, after breakfast, he slept again, and this sleep deepened into coma, and he died quietly at 2 P.M. before I had made my daily visit. I considered from the general symptoms that the patient was getting along well the day before, and was greatly surprised to learn of the sudden death.

Assisted by Drs. R. M. McClelland, E. E. Briggs and other members of the hospital staff, I made a post-mortem examination that night. The body was still warm; rigor mortis was well marked, the face was peaceful, a little stringy pus protruded from between the injured eyelids, the tissues were soft and compressible, and the evidences of cellulitis were lessened. The tissues of the scalp were thick and healthy. The top of the skull was removed. Upon lifting the brain from the base of the skull, there was seen considerable black, clotted blood and bloody serum between the dura mater and the bone behind the orbit and in the temporal fossa. The temporal lobe of the brain was congested upon the surface, somewhat softened, and filled with stringy blood-clots and spiculæ of bone. Slicing the brain down layer by layer, a passage filled with clots was traced to the junction of the middle (temporal) with the posterior lobe near the middle line, and a medium-sized bullet (32 calibre) dropped out. Tracing the course of the bullet backwards, a ragged-edged hole was found passing into the orbit through the greater wing of the sphenoid bone just beneath the lesser wing and outside of the anterior lacerated foramen. A probe was introduced through this hole in the

orbit, and passed readily out through the healing hole in the upper eyelid.

Thus the course of the bullet from its entrance to its location in the brain substance was clearly demonstrated.

The man died of shock and cerebral inflammation, caused by the gunshot wound, which from its nature was necessarily fatal.

In accordance with this evidence the coroner's jury brought in a verdict of homicide, but the murderer had fled and has not yet been apprehended.

CURE OF AN ECTROPIUM.

BY DR. KUNKEL, OF KIEL.

A GENTLEMAN consulted me on account of his little daughter, nearly three years old. He suffers from frequent blenorrhœa of the urethra (though he cohabits only with his wife), the mother complains of abdominal troubles, nervous headaches, hemorrhoids.

The child has an ectropium of the upper eyelid of the right eye, its mucous membrane protruding in form and size of a pigeon's-egg. The child is delicate, scrofulous, was twice vaccinated, the first time unsuccessfully, the second time a vaccine pustule followed. At the ophthalmic polyclinic an operation was proposed, which the father declined.

Many members of our own school will look with derision on an attempt at removing such an anomaly by internal means, especially as the histological form of a product plays such an important part in the present anatomical direction, and the physician of our day considers this anatomical form as the point around which all other phenomena turn, and neglects the ætiology of a case.

The treatment was at first Hepar 3d and Thuja[30], but the final removal may be ascribed to Graphites[30], of which she received a powder every seventh evening. After every dose increased suppuration followed, and it took seven to eight months for the retrogression. Is it more scientific to remove the morbid product by surgical skill, or to regulate according to the law of similarity the pathologenetic anomalous functions, and to banish the effect by removal of the cause? The latter is science, the former mechanical skill.—From *A. H. Z.*, 12, 1885.

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☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

INTERPRETING THE CODE OF ETHICS.—Ever since the peculiar features of allopathic ethics have been more or less understood by intelligent lay people, there has been evident in the allopathic rank and file a growing restiveness under the accumulating weight of public odium that naturally attaches to exclusiveness and intolerance. Indeed it might be said that it was this restiveness under public disapproval, rather than any inherent sense of justice and right, which induced the adoption of the "New Code." Of course the most natural and honest and manful way to escape the disgrace was to formally repudiate and rescind the offensive clause of the code and declare an absolute independence of its absurd provisions. Such a method, however, was not to be expected of such men. And so, instead of a bold and honest denial of the legal and moral right of any medical society to step between a physician and his patient,—instead of a vigorous assertion of the right and the duty of the prescriber to be his own absolute lord and master in his efforts to benefit those who entrust themselves to his skill, the New York society sought an easier way,—a plan

demanding far less moral courage, and took shelter behind the statute-books of their Commonwealth, graciously declaring that its members "may"—oh! what an indulgent master!—"*may* meet in consultation, legally qualified practitioners of medicine." She gave to her members a little longer chain, but she was very careful not to strike off their fetters; and New York allopaths still proudly wear their glittering manacles into the chamber of sickness, and pledge to the trustful sufferer as much of their skill and judgment *as their society may from time to time allow*.

That was two or three years ago. The allopathic ruse was so transparent that it neither diverted public odium nor satisfied sensible Homœopathists; the latter, however, was not one of its objects. Meanwhile the HAHNEMANNIAN MONTHLY and other homœopathic, as well as a few allopathic, journals continued to strike vigorous blows against allopathic intolerance, and public derision waxed stronger and stronger towards the unparalleled impertinence of the medical sect represented by the American Medical Association. The members of the Association, knowing that sooner or later their absurd position must become untenable, began to look about for some means of escape while yet escape was possible. Two or three of their prominent members in New York and Philadelphia undertook to assert, quite gratuitously, that the code does not interfere with freedom of opinion and practice at all, but only with the assumption of a special or distinctive name or title. Last year Dr. Austin Flint, then President of A. M. A., recommended—not that the code be "tinkered," but—that it be "interpreted"; by which he, of course, meant that it be *declared* to mean something different from what any ordinary English scholar knows it to mean. At the time of the appointment of the committee in accordance with Dr. Flint's recommendation, we did not believe it possible that such an "interpretation" as he wished could be forced upon the association, because we felt sure that allopathic hatred of homœopathic practice was stronger than its fear of public derision. In this respect, as the sequel has shown, we were egregiously mistaken; the cowardice proved stronger than the hatred, and that is saying a great deal.

At the recent session of the American Allopathic Association held in New Orleans, the committee appointed last year on the subject reported an "interpretation" of the repressive clause of the code, and, from all we can learn, the convention seems to have adopted it with precipitate haste; possibly in the fear lest some private member present might be intelligent enough to

discover its duplicity and honest enough to denounce it. The "interpretation" is quite a literary curiosity in its way, and is far more difficult to comprehend than the "clause" it undertakes to define. We serve it up in full, as a *bonne-bouche* for our readers. It is as follows:

Whereas, Persistent misrepresentations have been and still are being made concerning the provisions of the Code of Ethics of the American Medical Association, which many, even in the ranks of the profession, are led to believe—as, for instance, that the Code excludes persons from professional recognition simply because of difference of opinion on doctrines—therefore

Resolved, First, that Clause I., Article IV., of the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship on the ground of difference in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause in the said Code of Ethics that interferes with the most perfect liberty of individual opinion and practice.

Second, That it constitutes voluntary disconnection or withdrawal from the medical profession proper, to assume a title indicating to the public an exclusive or a sectarian system of practice, or to belong to an association or party antagonistic to the general medical profession.

Third, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations cannot be correctly interpreted as interdicting under any circumstances the rendering of professional services whenever there is pressing or immediate need of them; on the contrary, to meet promptly the emergencies of disease or accident, and to give a helping hand without unnecessary delay is a duty fully enjoined on every member of the profession, both by the letter and the spirit of the entire Code. But no such emergencies or circumstances can make it necessary or proper to enter into formal professional consultations with those who voluntarily have disconnected themselves from the regular medical profession in the manner indicated by the preceding resolution.

Now, in order that we may compare "Article IV., clause 1st" of the Code, with the interpretation thereof, we must also quote the former. It reads thus:

"A regular medical education furnishes the only presumptive evidence of professional abilities and requirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner who has a license to practice from some medical board of known and acknowledged respectability, recognized by the American Medical Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. *But no one can be considered a regular practitioner or a fit associate in consultation, whose practice is based upon an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.*"

This "clause," as it is wrongly called, divides itself into three parts. The *first* part relates to education as furnishing the essential right "to the exercise and honors of the pro-

fession." On this point all physicians are agreed, and certainly nobody has ever "misrepresented" or misinterpreted it. The *second* part speaks of the recognition of the American Medical Association as the only thing that can impart "respectability" to a license issued by professional or governmental authority. This part has been laughed at by thousands of medical men of all schools, as well as by laymen; but we do not imagine that even the most bitter enemy of the A. M. A. would care to misrepresent it. It is silly enough to justify his ridicule just as it stands. The *third* portion (which we have italicized) is the only portion, therefore, to which the "interpretation" can apply.

Now the first resolution in the "interpretation" declares that the code does not interfere with "the exercise of the most perfect liberty of opinion and practice" by "those who in *other respects* are entitled to be members of the regular medical profession." The main question here is,—who are "entitled to be members of the profession," and what are these "other respects"? Fortunately the code itself answers these questions specifically. It declares, in clear cut English, that "a regular medical education constitutes the right of an individual to the exercise and honors of his profession." Nay it goes further and says, "it ought to be the *only* acknowledged right." Aha! Then the physician who possesses "a regular medical education" possesses *all* the right. There are no "*other* respects" in which he *can* be entitled. In other words, he may be a drunkard, an adulterer, a poisoner, an abortionist—nay, he may even be the most blatant and scholarly mountebank that ever wrote certificates for medicine-peddlers and at the same time held a professorship in a first-class allopathic college; yet, so long as his "education" is all right, he is "entitled to be a member of the regular medical profession." [Let the reader note that this is not *our* opinion; it is simply the doctrine of the code of allopathic ethics.]

Having thus stripped this first "Resolution" of its abundant verbiage, it is found to mean that, to a physician entitled by his education to be a member of the medical profession, neither the clause in question nor any other portion of the allopathic code "interferes with the exercise of the most perfect liberty of opinion and practice." What under the sun, then, are the old-code men and the new-code men fighting about? If a new-code man simply exercises that "perfect liberty" to which his "regular medical education" "entitles" him, and which it seems the old code does not deny him, why

does the A. M. A. exclude him from its meetings? It looks as if the "liberty" may not be quite "perfect" after all. It is proper to state here, that this "perfect liberty" was declared on the day following an eminently allopathic discussion in which one of the speakers urged the A. M. A. to "take the specialists of the new-code persuasion by the top of the head and cut their throats at once."

It must be noticed that the resolution does not declare *a change* in the interpretation of the code, but defines what its meaning has always been. This is a surprise to us. We had always supposed when the code denounced a certain kind of "practice," that it meant *practice;* but now we are informed that "practice" doesn't mean "practice" at all, but something else. It has also been supposed that "an exclusive dogma" means "an exclusive dogma," but it don't mean any such thing. To say that it does is a "persistent misrepresentation."

Seriously, we think the American Medical Association has undertaken more than it will ever be able to accomplish. The profession and the people will claim that they, too, have a right to interpret the code of ethics, and they will surely exercise that right. And their interpretation, being a less interested one, will be more likely to be correct. They possess two modes of interpreting the code—first, by its literal meaning, and second, by its past applications. The code denounces and repudiates any physician whose *practice* is based upon an exclusive *dogma*, etc. Now these disinterested interpreters will insist that this phraseology has reference to men's "practice," and to men's "doctrines," and nothing the A. M. A. can say or do will ever change their opinion.. Again, intelligent people will remember that under this provision of the code the Massachusetts homœopathists were expelled from a State Society for "practicing or professing to practice according to a certain exclusive theory or dogma," that is, a "doctrine." They will also remember that an allopathic physician of New York city was expelled from his society for purchasing goods at a homœopathic pharmacy; that a Washington allopathist (Dr. Bliss) was excommunicated for serving on a Board of Health with a physician of another school; that Dr. Cox, of Washington, was expelled for consulting with the excommunicated Dr. Bliss; that Dr. Van Valzah was dismissed from his lectureship in Jefferson Medical College for trying to save his life with homœopathic medicine, after his allopathic physicians including members of his own college faculty had utterly failed to cure him, and had practi-

cally abandoned him to his fate. These and numerous other instances of the application of the allopathic code are fresh in the memory of the profession and public, as is also the fact that, so far as can be learned, *no physician has ever yet been disciplined by an allopathic society for the specified act of assuming a distinctive or sectarian title.* So, when the American Medical Association says its code "does not interfere with the exercise of the most perfect liberty of opinion and practice," people who are at all acquainted with these facts will be forced to the unpleasant conviction that the American Medical Association lies.

One more point we must consider. The Association puts forth the outrageously false pretence that homœopathists "have voluntarily disconnected themselves" from the mass of the medical profession. We can sufficiently refute this deliberately concocted slander by citing the statements of Dr. Henry G. Piffard, of New York, their own historian. In a series of interesting articles published in the New York *Medical Journal*, in April and May, 1883, after mentioning the measures adopted to put down "steam-doctors, and herb-doctors, men of no medical acquirements and of varying degrees of honesty," he says:

"During the fourth decade of this century, however, a new form of irregularity appeared. I refer to the introduction of Hahnemannism or Homœopathy; terms which in those days were synonymous. This new form of heresy developed, not among the irregulars, but in the bosom of the profession itself. The adherents and advocates of the new doctrines were members in good standing of the county [allopathic.—ED. H. M.] societies, and their brethren were unable to invoke the aid of law to compel them to practice in accordance with the views and wishes of the majority. Another weapon, however, was brought into play, namely: social and professional ostracism. The public, as before, ... became partisans of the weaker party. During this decade the number of professed homœopaths increased, and their adherents and supporters multiplied. The heretics were still members of the county societies, and there was no easy way of ridding the societies of them, that is, against their will. [No "voluntary disconnection" as yet, at any rate.—ED. H. M.] At that time the only way in which a member could be expelled from a society was through a direct application to the courts. The courts, however, were unable or unwilling to give the societies the desired relief. The societies, nevertheless, ... could prevent any new-comer from practicing in their respective districts if they saw fit to do so. About the year 1842, the Orange County Society, I believe, availed itself of this power and forbade a physician *of homœopathic tendencies (sic)* from practicing in that county. Fearing that he would in like manner be prevented from practicing in the other counties of the State, he gathered his friends together and without much difficulty procured the passage, in 1844, of a law that deprived the county societies of their powers in this respect. Homœopathy now had free scope to extend its influence, and as the evils of sectarian medicine were most keenly felt in New York and Pennsylvania, these States were among the foremost *to consider how they might be averted. The result of this consideration was the birth of the American*

Medical Association. [Let no homœopathist ever forget it!—ED. H. M.] It seemed probable to this association that the most effective blow would be given to the new-born heresy if the profession as a whole combined against it. *It seemed necessary that the homœopaths as a body should be* ABSOLUTELY EXCOMMUNICATED *from professional recognition and intercourse,* and that the public at large should know it. *In code of ethics, and especially in the 'consultation clause,' this sentiment crystallized.*"

That's enough! If anything were needed to prove the utter rottenness of the American Medical Association's pretensions, made in her recent "interpretation" of her code, her own historian has furnished it. "Voluntary disconnection," indeed! Yet in her desperate endeavor to crush a dreaded rival she concocts the story that homœopathists are responsible for the schism in the medical profession, and blazons it abroad through the newspapers, knowing that her own records will straightway convict her of the lie. By this last crowning infamy she has proved herself unworthy of public confidence and beneath public respect. Conceived in sin and begotten in iniquity, she seems incapable of rising above the level of her shameless origin. In the repressive clause of her code of ethics she published three notorious falsehoods against a rival school; and after living forty years under her self-imposed infamy, hopes to cover up her disgrace by reiterating these, and sending forth equally flagrant falsehoods about herself.

PROFESSOR FARRINGTON, the contributing editor of the HAHNEMANNIAN MONTHLY, sailed for Europe on Saturday, May 9th, for greatly needed rest and recuperation. He will be followed across the sea by the earnest wishes of a host of warm friends, that his sojourn abroad may bring to him renewed strength and vigor.

CHOLERA.—We have in type a valuable article—unfortunately crowded out this month—on Cholera, by Dr. J. M. Schley of New York City, with an equally valuable discussion thereon by the New York County Society. Both will appear next month.

Notes and Comments.

PHILOSOPHY.—Josh Billings says that when Americans want to make people believe what they do not believe themselves, they "pass a Rezlooshun." Evidently the philosopher has been attending a session of the American Medical Association.

"IMPORTANT IF TRUE" was the cautious heading with which the late Horace Greeley used to publish doubtful war news. Had the sterling old

journalist been alive to-day, the *Tribune* would doubtless publish the new "interpretation" of the code with a somewhat different head-line, since it derives all its importance from the fact that it is *not* true.

That Wonderful Interpretation begins by saying that the code "does not interdict *under any circumstances* the rendering of professional services whenever there is pressing or immediate need of them." And it ends by forbidding allopaths to render such services in conjunction or consultation with a homœopathist. Like the clause of the code which it pretends to interpret, it is self-contradictory, impudent, brutal, childish, and absurd.

The Butt End.—The American Medical Association declares that its code "does not interfere with the most perfect liberty of opinion and practice. But—". Just how much "most perfect" that liberty is, which needs to be qualified by a "but," we do not know. But the "but" which constitutes the butt end of the "interpretation" of the code, is the only honest part of it; all the rest is transparent sham. The "but" is a vastly bigger thing than that "most perfect liberty" upon which it rivets the fetters of the old, old slavery.

The Saleswomen's Fair, lasting ten days, netted about $10,000. It has been decided, apparently at the last moment, to give the money to a homœopathic institution of this city. There would be no objection to giving a proportional amount in this direction, but the sudden appropriation of the whole sum is unjust to the saleswomen and a cheat upon those who helped the fair.—*N. Y. Med. Record.*

We are glad to hear the *Record* advocate honesty, even at this late hour. But why did it not speak out at the time of the Garfield Memorial Hospital steal? Was it simply because the ox gored at that time, belonged to t'other fellow?

A Lame and Impotent Conclusion to the researches into the cause and pathology of cholera, was reached when, at the recent session of the A. M. A., the subject of its treatment was discussed. Opium was recommended in the earlier stages and until collapse supervenes. One speaker, indeed, advocated its use during that stage also; most of them, however, insisted that the drug is contra-indicated in collapse. What is to be done by the unfortunate victim who, at the beginning of the collapse, finds himself "chock full" of opium administered *secundem artem* during the early stages, we are not told. But so long as it is "regular" (?) it must be all right.

Intestinal Irritation.—The committee appointed last year by the American Medical Association, to make the necessary arrangements for the ninth International Medical Congress, to be held in Washington City in 1887, got the Association into hot water, by selecting certain new-code men for certain places of honor and trust in the congress. The report of the committee raised a perfect whirlwind of indignation, and, what is practically a new committee was appointed, who, without being formally instructed to do so, were made to understand that they are expected to undo the work of the first committee, so far as it can be done without hazarding the success of the congress. One gentleman present proposed to "cut the throats" of the new-code men, and the atmosphere was full of other allopathic suggestions. The next day the Association adopted the "most-perfect-liberty-of-individual-opinion-and-practice" resolution. But they "didn't mean anything" by it.

Gleanings.

Therapeutic Value of Iodoform in the Treatment of Gout.—Dr. Testa, after extended experimental investigation and clinical observation upon the effect of Iodoform in gout, arrives at the following conclusions as to its physiological effects and as to its value in the treatment of this disease: 1. Iodoform augments the daily quantity of urea eliminated with the urine, and thus increases the amount of organic change by hastening the process of oxidation. 2. It diminishes the daily quantity of uric acid which, by excessive nitrogenous diet, is passed with the urine, because by hastening the process of oxidation, it does not facilitate the metamorphosis into urea. 3. It diminishes oxaluria dependent upon the introduction of aliments rich in oxalic acid because, owing to the increased oxidation, this acid is changed to carbonic dioxide and water. 4. In gout, it diminishes the quantity of uric acid in the blood by increasing oxidation in the economy. 5. Iodoform is a rational remedy for gout, because by removing the uric acid from the blood, it fulfils the conditions necessary for the cure of the disease. The conclusions reached from clinical experience in the use of the drug are as follows: 1. Iodoform has generally a very beneficial effect upon gout, reducing the number of the attacks, and diminishing both their intensity and duration. 2. In cases when gout is complicated with renal disease, caution is necessary in its administration, since, if its elimination is more or less retarded or prevented, an unfavorable cumulative effect may result. In kidney disease, therefore, the drug must be carefully administered, or entirely discarded, according to the extent of the renal lesion.—*Amer. Journ. Med. Sc.*, April. 1885.

Proving of Aletris Farinosa.—After giving in detail the symptoms noticed in his provings of Aletris farinosa, Dr. W. H. King calls attention to the characteristic points; while Aletris produced a dulness and confusion, it does not lessen the rapidity of thought, but weakens the power and energy of the mind. The provers were continually saying, as long as I let my mind go off on pleasant subjects, skipping from one to another, I am all right, but have not the power or ambition to reason or think seriously on any subject. We find its action is very marked on all points of the head, but particularly the occiput. He then proceeds to call attention to a few of the symptoms of importance on account of their constant occurrence. First, the heaviness in the occiput which occurred in all the provings but one. Second, the sensation as if the temples were in a vice, being squeezed together, which occurred several times in all the female provings. Soreness just inside the tip of the nose. Although Aletris produces nausea, it is not marked. In one case the nausea was much aggravated by the sight or thought of grease. In another, it was accompanied with a feeling as if the prover would faint, but the most characteristic symptom is nausea accompanied with an all-gone faint feeling in the abdomen on rising, relieved by eating. It also produces constipation and diarrhœa, the former being its primary, and the latter its secondary action. The stools of the constipation were hard, dry and expelled with difficulty, and were very small. There are three symptoms which, taken together, should, according to the provings, indicate Aletris: First, a colic located principally in the lower part of the abdomen. Second, this colic is partially relieved by passing wind per anum, and completely by a diarrhœic stool. Third, the diarrhœic stool is *very scanty*, with a particularly bad odor. In one case, a chronic leucorrhœa disappeared during the course of the proving. Aletris produces a decided restlessness. Every prover complained more or less of sleeplessness, and they all agreed that they could not get asleep the first part of the night, but would toss about in bed. At the same time, their

minds were shifting from one subject to another. About midnight they would catch short naps, which were interrupted by spells of the same restlessness, when they would sleep undisturbed.—*Amer. Homœop.*, April, 1885.

Adonis Vernalis.—Dr. E. M. Hale reports two cases, in which he used Adonis vernalis with benefit. The first case was that of a man, aged 40; after acute endocarditis, with injury to the valves. The heart's action was feeble and irregular; the renal secretion almost entirely suspended; œdema of the limbs and ascites; face bloated and somewhat cyanotic; constipation; no dyspnœa; Adonis vernalis (fl. ext.), gtt. v, every three hours, was given. The heart's action became stronger and more regular, and the urinary secretion increased. On the third day, the dyspnœa disappeared, and the urine became clear and abundant. Its action on the bowels then appeared, and he had a free, semi-fluid movement every four or five hours, with some nausea. He was then given Strychnia 3x every four hours, and under its use a rapid convalescence set in. The second case was that of a German, aged 50, an excessive smoker, who was attacked, one morning, on rising, with violent vertigo, fainting, rapid irregular action of the heart, with great dyspnœa, cold sweat and trembling. Veratr. alb. 3 gave temporary relief, but the symptoms returned a few hours later after slight exertion. Nux v. and Digitalis were given, in alternation. He improved so as to be about the next day. The action of the heart did not become normal. Adonis 1x dil. failed, but, when given in the fluid extract (gtt. v, every three hours), its restorative action was marked. Dr. Hale observes that he has used Adonis in several cases of enfeebled cardiac action, and it has not yet disappointed him.—*American Homœopathist*, April, 1885.

A Peculiar Effect of Digitalis upon the Eyesight.—The case is narrated in the *Bericht der Rudolph-Stiftung vom Jahre* 1883, of a man, suffering from heart disease following rheumatism. The urine contained a small amount of albumen. The patient was placed upon three grains of Digitalis leaves, in the form of infusion, per diem. About a fortnight later, the man complained of weakened vision, there seeming to be a cloud before his eyes. He attributed it to the Digitalis, saying that he had been affected in the same way, on a previous occasion, while taking the drug. He could see better in the evening than by daylight. The pupils were not especially dilated, and nothing abnormal about the eyes could be detected on examination. There were no other symptoms of Digitalis poisoning, such as nausea, etc. The administration of the drug was discontinued, and in a few days there was a marked improvement in the sight.—*Medical Record*, April 18th, 1885.

Alveloz for Cancer.—Alveloz is the latest drug recommended for the cure of cancer. Unlike other cancer remedies, it is to be used externally. Its mode of action is similar to that of Jequirity. A profuse suppuration follows its application to a granulating surface. Dr. Smith Townsend made use of the drug in a case of lupus of the nose near the angle of the eye. It was of nearly forty years' standing, and had resisted all previous treatment. The patient was cured within a few days. Dr. Hamilton has at present under treatment with Alveloz a case of epithelioma of the face.—*Med. and Surg. Reporter*, April 4th, 1885.

Atropia as a Remedy in Ether Narcosis.—Dr. R. W. Amidon is of the opinion that clinicians are apt to under-estimate the respiratory failure, and over-estimate the circulatory failure, in cases of ether narcosis, thus relying on cardiac stimulants to the neglect of artificial respiration. The common practice of administering hypodermic injections of alcohol, ether, or ammonia is illogical, as it is unlikely that a cardiac stimulant will excite

to contraction an over-distended right heart, unless the cause of that over-distension, *i. e.*, the shallow and infrequent respiratory movements, is removed. It is also irrational, when a patient is overwhelmed with one cardiac stimulant, to throw into his circulation, not an antagonist, but a synergist. Instead, therefore, of a cardiac stimulant being indicated in case of ether narcosis, Dr. Amidon thinks that a respiratory stimulant is better suited to the demands of the case. He also thought that Belladonna filled the indications present better than any other remedy. A comparison of the symptoms of ether-asphyxia and those of Atropia-poisoning, shows the last-mentioned drug to be a physiological antagonist of the former. In experimenting with cats, he found that these animals, when fortified by a preliminary dose of Atropia, take more ether, and for a longer time without depressing effects than others. In fact, it would seem that the asphyxiating effect of ether is almost indefinitely postponed by the timely administration of a large amount of Atropia. Furthermore, when during ether anæsthesia, the stage of asphyxia has commenced, the respiration ceased and the heart is failing, a timely large dose of Atropia may save life, and we may even hope that, with other means, it may be powerful in the treatment of suspended animation. In conclusion, the author submits the following suggestions as to the proper treatment of ether-narcosis. To avoid as much as possible the depressing effects of anæsthetics, the patient, particularly his extremities, should be warmly protected, and, if necessary, warmed by hot bottles. If alarming symptoms occur, it must be remembered that the condition is generally one of depression, and hence stimulating, not depressing remedies are indicated. For this reason, the cold douching and slapping with cold wet towels should be avoided. Hot applications are just as exciting, and are devoid of danger. If, during the later stages of anæsthetization, the respiration becomes embarrassed, the pulse begins to fail, and other alarming symptoms occur, take off the ether, draw the tongue and jaw forward, and, if the respiration do not improve *at once*, give hypodermatically .002 of the Sulphate of atropia, and apply heat to the limbs and over the heart. If improvement does not occur in two minutes, repeat the dose. If the respiration suddenly or gradually ceases, and neither lifting the jaw forward nor any other simple procedure starts it again, commence *mechanical* artificial respiration *at once*, the method of Sylvester being the best; admit fresh air freely. Have .003 of the Sulphate of atropia given hypodermatically at once. Order hot applications to the extremities and præcordial region. If a faradic battery be handy and in order, one electrode might be placed on the cervical spur, and a strong current be applied diffusely over the chest with a wire brush. Even if the pulse disappears, attempts at resuscitation should not be abandoned, the artificial respiration being the most important. The dose of Atropia may be repeated if signs of recovery do not begin to manifest themselves in a minute.—*Medical Record*, May 2d, 1885.

Treatment for Oxyuris Vermicularis.—A correspondent of the *Medical Record*, May 9th, 1885, recommends the injection of a solution of one drachm of boracic acid and two drachms of borax in a pint of hot water (to be cooled to about 110° F. before using) into the rectum immediately after the morning stool, and repeated at bedtime. Each injection should be retained from five to ten minutes, and occasionally it will be necessary to bring the vermin down from the cæcum and upper colon by a saline cathartic. Hunyadi water acts well. Dr. K. F. Purdy says that a three-grain suppository of mercurial ointment, repeated every second night until three have been used, will destroy seat worms, root and branch.

Syzygium Jambolanum in Diabetes.—Dr. Dudgeon reports a case of diabetes which he treated by the ordinary homœopathic remedies and

proper diet for awhile with advantage. Improvement ceasing the patient passed into the hands of an allopath, who prescribed Codein, which benefited him for a time. The Codein gradually losing its power, and the strict diet becoming irksome, the patient returned to Dr. Dudgeon. On leaving off the Codein and stringent diet the sugar immediately reappeared in the urine in considerable quantity. Syzygium 1× dilution (two or three doses daily) was prescribed. Under this treatment the quantity of sugar diminished considerably, although considerable liberties in diet were allowed. The sugar continued to diminish until only a trace could be discovered, and the specific gravity of the urine fell to 1017.—*Homœopathic World*, May, 1885.

The Watery Discharges of Pregnant and Puerperal Women.—At the outset, the author, Dr. Thomas C. Smith, reports two cases of hydrorrhœa gravidarum; in each case, at about the middle of the period of pregnancy, a watery discharge suddenly gushed from the vagina. Fluid continued to drain away until labor set in, in one case, nine weeks after the occurrence; in the other, six weeks. At the time, the author believed that a rupture of the fœtal membranes, at a distance from the internal os, had taken place, an opinion which he still holds. Hydrorrhœa gavidarum occurs most frequently during the fifth and sixth months of pregnancy. The essential symptom in the disease is a discharge of watery fluid from the vagina, which may appear only a few times, or may recur frequently, or may even be continuous. Pain may attend the discharge, but usually it is absent. The abdomen seems to diminish in size in some cases. Labor may supervene on the appearance of the discharge, but usually some weeks elapse before that occurs, or the woman may go to term. *There are no prodromal symptoms.* Various explanations of the source of the discharge have been given. Thus the discharge in hydrorrhœa is said to be due to rupture of the amnion, generally at a point distant from the os uteri; to transudation of the amniotic fluid through the membranes; accumulation of fluid between the chorion and the uterine walls, and between the chorion and amnion; hydatids of the uterus; rupture of the allantois; partial placenta prævia; cyst of the placenta; rupture of lymphatic vessels; excessive secretion of the cervical glands; hypertrophic condition of the decidua vera and its glands. Cases are given to illustrate these different causes as far as possible.

In *hydrorrhœa puerperarium*, the watery discharge follows delivery. It may last only a few hours, or may continue for many weeks. The watery discharge supplants the lochia from the very beginning. The author reports several cases of the trouble, and calls attention to the fact, that in all of them, suppression of the milk and diminished urinary secretion were noted.—*Am. Journ. Obstet.*, May, 1885.

Hare-lip in three Consecutive Births.—Mr. J. J. Pickles reports a case in which a mother, in three consecutive pregnancies, gave birth to children the subject of hare-lip, there being no hereditary tendency or apparent cause for the deformity. Similar instances have been reported by others.—*Br. Med. Journ.*, May 2d, 1885.

Pigmentation of the Skin caused by Thrombosis of the Veins of the Legs.—Dr. Campbell exhibited at the meeting of the New York Dermatological Society, March 24th, 1885, the case of a German sailor who, seven years before, had noticed a red lump under the skin of the calf of the right leg; this ulcerated and left a scar. Since that time, other small nodules have made their appearance always over the valves of the veins, but have not ulcerated; after their disappearance a yellowish-brown stain is left. When these lumps first make their appearance they are very painful. The veins of both legs are slightly enlarged. Both legs from the

knees downward are covered with these pigmented patches, and now lumps are continually forming. The patient has never had syphilis or gonorrhœa. —*Journ. Cutaneous and Venereal Diseases*, May, 1885.

Examine the Larynx in Children.—Dr. Löri reports (*Jahrb. für Kinderheilkunde*) several cases where gastric symptoms, such as vomiting or eructations, were dependent on trouble in the posterior wall of the larynx. An examination of the larynx in a boy of fifteen, who had persistent vomiting for three weeks, disclosed a fish bone impacted in the posterior laryngeal wall, followed on removal, by disappearance of all gastric symptoms. In another, the cure of a subacute inflammation in this region by local treatment, was likewise followed by cure of vomiting.—*Analectic*, April, 1885.

The Chin Reflex.—In the winter of 1882, while examining a case of section of the inferior dental nerve, Dr. Morris J. Lewis discovered a new reflex. This consists of a sudden elevation of the lower jaw immediately following a blow upon the lower teeth or chin, and is most easily produced by striking the parts mentioned in a downward direction with a rubber plexor. The mouth of the patient is, of necessity, open, and the muscles should be relaxed. This symptom he has observed in two cases of spastic paralysis, one case of congestion of the spinal cord, one of cerebral tumor, probably specific, one of hemiplegia, one of unilateral tumor of doubtful origin, and occasionally in perfectly healthy individuals. In some of these the reflex was plainly due to a contraction of the temporal muscles, while in others the masseters seemed to be mainly instrumental in causing it. The clinical significance of this symptom is not yet clear.—*Medical and Surgical Reporter*, May 9th, 1885.

Rice as a Styptic.—Powdered rice as a styptic remedy has a great effect on fresh wounds, much superior to Oxide of zinc. By mixing from four to eleven per cent. of it with lint, and using the lint thus treated as a compress, it is very effectual, and more valuable than Subnitrate of bismuth, Salicylic acid, or Carbolic acid.—*Journ. Amer. Med. Association*, May 2d, 1885.

Case of Typhoid Fever with unusual amount of Eruption.—Dr. V. D. Lockhart, of Homer, Ga., reports a case of typhoid fever running a mild course, in which the usual eruption appeared on the tenth day. On the following morning, the whole surface of the body and the extremities were literally covered by the eruption. It had also invaded the mucous membrane of the mouth and fauces, and the patient was complaining of a slight soreness in the throat. The spots were so thick on the skin as to almost touch each other, yet each spot was isolated from the rest, very slightly elevated, of a rose or deep pink color, disappearing for an instant on pressure. There was only one crop of this eruption. It began to fade away after two or three days, but did not entirely disappear until the third week of the fever. The appearance of the eruption was unattended by unfavorable symptoms.—*Atlanta Medical and Surgical Journal*, May, 1885.

Gout of the Testicle.—At a meeting of the Société Médicale des Hôpitaux, M. Guyot (*La France Medicale*) reported a case of swelling of the testicle in a gouty subject, or gouty testicle. This swelling disappeared at the end of a fortnight during the development of gouty-joint inflammations. The gouty orchitis is usually not mentioned in the text-books; he only knew of one observation which had been mentioned by Paget. M. Millard reported a similar condition occurring in his own person, preceding an attack of gout; it was a painful gouty orchitis without epididymitis.—*Phila. Medical Times*, May 2d, 1885.

Valvular Friction-Sounds.—Cases will occur in which the closure of either the mitral or the aortic valve gives rise to a sound which is not strictly a murmur, but which is also not the typical normal sound. The heart sound, first or second, as the case may be, is slightly lengthened, and its quality undergoes a change. The first part of the sound has the normal character, while the second, which is of the briefest duration, suggests the idea of something added. This is sometimes expressed by saying that the sound is impure. A careful study has led Dr. A. H. Smith to the conviction, that this sound is due to readjustment of the curtains or cusps to each other after their first contact. This may arise from inequality in the tension of the curtains, resulting from a difference in their area, or in the length of the tendinous cords, or in the action of the papillary muscles. In the case of the aortic valve a slight thickening of one of the cusps would occasion a similar readjustment. This sound may be observed most frequently in those cases in which there is an accentuated second sound at the base when there is increased arterial tension.—*Medical Record*, April 18th, 1885.

News, Etc.

Removal.—Dr. Edgar V. Moffat, Secretary of the New York State Homœopathic Medical Society, has removed from 149 West 44th Street, New York, to 132 West 44th Street, nearly opposite.

New York State Society.—The semi-annual meeting of the Homœopathic Medical Society of the State of New York, will be held at Lake Keuka, Steuben Co., September 8th and 9th, 1885.

Pennsylvania State Society.—The President of the Society, Dr. Jno. E. James, has appointed Dr. Clarence Bartlett, 1501 Poplar Street, the Recording Secretary, to fill the vacancy made by the death of Dr. R. E. Caruthers.

Hospital Appointments.—Dr. Wm. B. Van Lennep has been appointed surgeon to the Children's Homœopathic Hospital of Philadelphia, *vice* Dr. Jno. E. James, resigned.

Dr. C. S. Middleton has been appointed clinician for diseases of the heart and lungs in the same institution to succeed Dr. Aug. Korndoerfer, resigned.

Dr. Thomas S. Dunning to take charge of the clinic for skin diseases in same institution to succeed Dr. Middleton.

Lectures on Ocular Surgery.—Dr. Landolt, of Paris, will commence this summer a course of practical lectures on operations on the eye. Should there be a sufficient number of American medical men who may wish to attend regularly, the Professor will have much pleasure in forming a separate class for them, at which the lectures will be delivered in English. For further particulars address, Dr. Landolt, 4 Rue Volney, Paris, France, or Dr. John H. Payne, 415 Columbus Avenue, Boston.

The Hahnemann Medical College of Philadelphia has been further strengthened recently by a union or merger with the old Homœopathic Hospital of Philadelphia, the two institutions having had separate existences for some years past. Under the new order of things, the college corporation becomes financially stronger to the amount of some twenty or twenty-five thousand dollars, while the homœopathic interests and influences

of the city are also drawn together to the support and management of a single institution.

The West Jersey Society at the annual meeting held in Camden, on May 20th, elected the following officers: President, Dr. Isaac Cooper; Vice President, Dr. R. H. Peacock; Secretary, Dr. E. M. Howard; Treasurer, Dr. Samuel E. Griffith. Dr. Ward, of Mount Holly, was elected a delegate to the American Institute of Homœopathy, and Dr. F. E. Williams, of Haddonfield, was chosen to represent the society in the New Jersey Sanitary Science Association. The secretary's address is Camden, N. J.

Personal Mention.—Chas. E. Spahr, M.D. (Hahn., '85), has entered upon his duties as assistant in the office of Prof. Chas. M. Thomas. His address will be 1125 Arch Street, Philadelphia.

W. D. Garvin, M.D. (Hahn., '85), has located at 955 N. 11th Street, Philadelphia.

C. A. Schultz, M.D. (Hahn., '85), has located at 268 South High Street, Columbus, Ohio.

A. B. Norton, M.D., of New York City, secretary of the New York County Society, has removed his residence to 223 West 34th Street.

The Ohio State Society held its annual meeting in Pulte College, Cincinnati, May 13th and 14th. About one hundred members were present, and the meeting is reported as having been in many respects a highly satisfactory one. Numerous interesting papers were presented and twenty-five new members were received. The officers chosen for the ensuing year were: President, Dr. H. E. Beebe, of Sidney; First and Second Vice-presidents, Dr. Albert Claypool, of Toledo, and Dr. O. D. Childs, of Akron; Secretary, Dr. Charles Walton, of Hamilton; Assistant-secretary, Dr. H. A. Chase, of Toledo; Treasurer, Dr. Wm. T. Miller, of Cleveland.

Location.—Dr. Isaac A. Barber, of Easton, Md., writes that a homœopathic physician is needed at Trappe, Talbot County, Maryland. The village has a population of some three or four hundred, and is surrounded by an extensive and thrifty agricultural district. It has furnished abundant work for three old-school physicians, one of whom has recently deceased. A number of homœopathic families live in the neighborhood, and so strong is their preference for the modern method of practice, that they travel to Easton, ten to fourteen miles, to obtain it. Write for particulars to Dr. Barber as above.

The Texas Homœopathic Association held its annual session at Waco, Texas, May 6th and 7th. The following officers were elected for the ensuing year: President, Dr. Joseph Jones, of San Antonio; First Vice-President, Mrs. Dr. A. T. Hall, Waco; Second Vice-President, Dr. W. F. Thatcher, Paris; Secretary, Dr. S. W. Cohen, Waco; Treasurer, Dr. T. H. Bragg, Austin.

The Chairman appointed on the Legislative Committee, Drs. Bragg, of Austin, Haines, of Corsicana, Slocum, of San Antonio, Fisher, of Austin, and Jones, of San Antonio.

Drs. C. E. Fisher, F. Haines, S. W. Cohen, Joseph Jones, W. S. Lee, Charles Deady, W. E. Hall, W. F. Thatcher, W. Hanford, and T. H. Bragg were appointed delegates to the Southern Institute of Homœopathy, and Drs. S. W. Cohen, A. C. Williamson, W. J. Hanford, Mortimer Slocum, C. E. Fisher, and J. R. Pollock were elected delegates to the American Institute of Homœopathy, which meets in St. Louis in June.

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DISEASES OF THE HEART SUBSTANCE.

BY WILLIAM H. BURT, M.D., CHICAGO, ILL.

(Continued from page 353.)

TREATMENT.

Preventive.—Although cardiac hypertrophy cannot be removed, still much can be done to arrest its development by removing the causes which produced it, or by rendering them inoperative. Hypertrophy of the heart is an important provision against the dangers incident to the accumulation of blood within the cavities of the heart, and against the evils of dilatation. Hypertrophy compensates for the disturbance of the circulation caused by valvular lesions; and so long as the enlargement consists of this compensating increase of muscular structure and power, the patient experiences little or no inconvenience, providing nothing occurs, like *anæmia*, to weaken the heart's action; but when hypertrophy is accompanied with dilatation, serious inconveniences referable to the heart and circulation begin to be felt, and then we should strive to modify or arrest the valvular lesions which give rise to hypertrophy.

To prevent hypertrophy and dilatation, the great aim of the physician must be, to keep up, if possible, the normal tonicity of the muscular structure of the heart. To this end, the general nutrition of the body must be, as far as possible, improved by the use of a nutritious diet, taken in small quantities and at short intervals. Rest of body and mind is therefore one of the first and most essential elements in the treatment. Make every possible effort to quiet any undue nervous excitement, and irregular action of the heart. Avoid all influences that might stimulate the

already over-excited heart, as coffee, tobacco, spirits, strong spices, etc. All sources of gastric disturbances should be carefully avoided, for a distended stomach easily excites an attack of palpitation. These patients should never allow themselves to be placed in such circumstances as to render sudden and violent exertion necessary, for a single violent physical strain may jeopardize life, especially in dilatation of the heart. Flannel should be worn next the skin, and the hands and feet kept warm. The greatest amount of fresh, dry, bracing air, and the best of hygienic surroundings possible should be secured. A sedentary life, attended by much excitement of mind, should be changed to a more active one, with less mental irritation. Anger should be particularly avoided.

All influences tending to debility, as nervous prostration, anæmia, or blood impoverishment, should be avoided. The main object of treatment is to prevent weakness of the heart. Excessive venery, diarrhœa, undue lactation, leucorrhœa, menorrhagia, purgation, a too meagre diet, and all losses of the fluids of the body in excess, tend to weaken the heart's action, and should be overcome by the best means known to the physician, and after all these measures have been carried out, they will be found to be but palliative and temporary in cardiac dilatation, for it is incurable.

In extreme cases of dilatation, confinement to the bed or couch, for a time, is a wise measure, and will often remove many of the troublesome subjective symptoms. If there is much venous engorgement, the application of dry cups over the back and præcordia often proves very efficacious. A milk diet, or koumiss often proves highly beneficial.

The principles of treatment recommended by Oertel, in Prof. Ziemssen's *Encyclopædia*, constitute nothing short of a revolution in cardiac therapeutics. Briefly, his system consists in *diminishing the volume of blood to be circulated* by increasing the excretions, and limiting the supply of water consumed, and in *stimulating the heart by severe muscular exercise in mountain climbing*. It cost the author nine years of hard study, to develop this doctrine, and establish it to his own satisfaction.

1. The disturbance of the distribution of blood within the circulation (venous fulness with dropsy, congestion of the lungs, and arterial anæmia), may be regarded as purely *physical* disorders irrespective of their anatomical cause, and they may be treated accordingly.

2. The *first indication* is to reduce the volume of blood

which has to be circulated by limiting the amount of fluid ingested and increasing the excretion of water. Only 998.2 to 1062.2 grammes of water were allowed per diem in Oertel's cases including the water contained in solids; and the theoretical result was to reduce the weight of the fluid entering the blood in the course of twenty-four hours, to one-seventh of what it was previously. Increased elimination of water can be most thoroughly accomplished by the diaphoresis and pulmonary exhalation which, in a remarkable degree, accompany muscular exertion, especially *climbing*, by pilocarpin, and by the Turkish bath. The first is the most powerful method, an amount of water equal to one or two fifths of the weight of the blood being lost in the course of an ascent of several hours' duration. Diuresis is an unsuitable method, not only because (as a matter of fact) it cannot be kept up, but because the circulation is already disturbed within the kidneys, by the heart disease, and medicinal diuretics increase the irritation. Climbing, however, restores the proper balance of the circulation in the kidneys, and reduces any albuminuria that may be present.

3. The *second indication* is to relieve the circulation through the lungs, by increasing the length and frequency of the respiratory movements. This is best accomplished by *mountain climbing*, which acts as the greatest known stimulant to the respiratory organs, as shown by the dyspnœa, and increased pulmonary circulation, increasing the oxygenation of the blood, and the water of expiration. Thus Oertel describes a patient undergoing this treatment for a large flabby heart, with dropsy and albuminuria, as suffering from great dyspnœa, on commencing to climb the first mountain; he paused every eight or ten steps, and struggled for breath; there was almost cramp-like contraction of the muscles of inspiration, the heart palpitated violently, perspiration poured from the surface, and thirst became excessive. He was allowed to rest in the standing posture, to recommence the ascent as soon as possible again, to suffer as before.

4. The *third indication* is to strengthen the cardiac muscle, to remove the excess of fat, not only from the heart but the body generally; and this is best accomplished by means of *mountain climbing*, aided by a suitable diet, where the albuminoids are increased to thicken the blood more quickly. The best daily proportions in cardiac disease are, not more than 25 to 60 grammes of fat, and 100 grammes of carbohydrates, with not less than 150 grammes of nitrogenous material. The reduction of water helps to remove the fat.

5. Such complications as dropsy, renal disturbance, bronchial congestion and catarrh disappear when these indications have been fulfilled.

Climbing *exercises* the heart, and thus produces or restores hypertrophy. It increases the aspirating force of the heart on the veins, of the thorax on the veins, and of various groups of muscles on the veins, *e.g.*, at the groin, axilla, and the neck. The *tension* of the *arteries* falls by reflex relaxation of their muscular coat, and the vessels dilate; but an increased volume of blood being discharged into them at the same time by the increased action of the heart, the *pressure* rises at first and remains somewhat above the normal, whilst the *velocity* of the current is increased. Thus, as a result of climbing, the heart empties itself more freely into the relaxed arteries, the venous and pulmonary flow being at the same time lightened, the proper balance of the circulation is restored. The reflex dilatation of the arteries produced by climbing, persists after the exertion is stopped, and tends to return with increasing readiness if climbing is repeated. It is of the first importance to note that in *walking on the level*, reflex dilatation of the arteries does not occur to the same degree as in climbing, and that the arterial pressure may rise higher in the former than in the latter form of exercise. Sharp exercise on the level is, therefore, no substitute for mountain climbing, for the heart and veins remain unrelieved in their effort to empty themselves into tight arteries. If hill or mountain climbing cannot be taken, *stair climbing* will be found beneficial. Great care must be taken to prevent and reduce obesity by using a diet with an excess of nitrogenous elements, and a limited amount of fluids.

Professor Oertel treated in all thirty cases by this method. The result was that fifteen cases of *fat* heart with general obesity were completely cured; in seven out of eight cases, in which the heart was enlarged from gout, fatty degeneration, and from obesity, compression of the lungs and hypertrophy of the right ventricle from spinal curvature, or anæmia, compensation was completely re-established, and in all the other cases, including two of double mitral disease, decided benefit and relief of the symptoms followed.

Common-sense, as well as Oertel's careful observations, might suggest that in every case of big, fat, flabby heart, or cardiac failure, whether associated with dropsy or not, the driving power of the heart ought to be relatively increased by reducing the load, that is, by diminishing the *volume of water*

in the blood, and this is best accomplished by *systematic mountain-climbing*.

Remedial.—1. Main Remedies.—Digitalis, Stigmata maidis, Convallaria, Arsenicum, Arsenicum iod., Nux vomica, Strychnia, Iron, Fer. et Stry. cit., Phosphorus, Kali hyd., Ergot, Sulphur, Calcarea iod., Lycopodium, Iodoform, Pilocarpin, Amyl nit., Hepar sulph., Apis mel., Apocynum can., Adonis vernalis, Morphia.

2. Often Useful.—*Glonoine, Lycopus, Spongia, Plumbum, Aurum met., Bryonia, Cinchona, Chloral hydrate, Pulsatilla, Caffeine, Veratrum viride, Aconite, Tartar emetic, Cocaine.*

3. Occasionally Useful.—Gelsemium, Baryta iod., Mercurius iod., Sepia, Salicylic acid, Silicea, Kali nit., Kali acetate, Kali carb., Kali bich., Naja, Lachesis, Bromine, Cactus grand., Argentum, Ignatia, Collinsonia, Coca, Rhus tox., Spigelia, Lobelia, Squills, Iodine, Prunus virg., Colchicum, Kalmia lat., Conium, Belladonna, Laurocerasus, Tabacum, Hydrastis, Natrum mur., Graphites, Sanguinaria, Cimicifuga, Viburnum, Benzoic acid, Tarentula, Nitric acid, Muriatic acid, Phos. acid, Hydrocy. acid, Helonias dioica, Thuja, Uranium nit., Zinc., Phynin, Scillitoxine.

Digitalis.—This is the most useful remedy we have in the Materia Medica for *hypertrophy* and *dilatation*, whatever the cause may be that has produced it, where the heart's *muscular power is especially deficient*, with irregular, intermittent pulse, very slow when keeping still, but easily accelerated by any exertion. Œdema of the lungs and feet; copious serous exudations; bluish-red or pale face; sighing respiration, with sinking, weak feeling at the pit of the stomach; scanty, high-colored urine, which is often albuminous. General feeling of anxiety and despondency. Frequent attacks of faintness, with nausea.

Professor Flint says: "As a remedy, with reference to irregularity of the heart's action incident to dilatation, *Digitalis* often manifests a truly remarkable efficacy. Of the different preparations the tincture is to be preferred, on account of its being more reliable as regards strength. *Digitaline*, however, has still more this advantage, and is, perhaps, entitled to preference. Without discussing many different opinions, it may be assumed that, given in small or moderate doses, for example, from ten to thirty drops of the tincture, it cannot, under any circumstances, have much potency to do harm, and it cannot

prove a dangerous remedy. That it renders the action of the heart slower and more regular, is undeniable. With reference to these effects, Bouillaud calls it 'the opium of the heart.' That it produces these effects without weakening the heart may be assumed, and clinical observation appears to show that under its use, the heart, already weakened by dilatation, acts with increased strength. With these views, it is a remedy, useful in cases both of hypertrophy and dilatation."

Dr. E. M. Hale says: "There is another fact relating to the use of *Digitalis* in dilatation. This condition will cause various pathological conditions in other important organs—the lungs, brain, liver, and kidneys. Dilatation causes passive congestion, with consequent torpor of function in all these and other organs. Therefore, in cerebral, pulmonary, hepatic, and renal troubles, in vertigo, apoplexy, cough, hæmoptysis, jaundice, enlargement of the liver, dropsy, etc., you should always ascertain if cardiac debility is not at the bottom of the trouble. If you find this to be the case, *Digitalis* is the chief remedy always. . . . If I were to name any group of symptoms indicating its use in dilatation, these would have the preference: quick, weak, irregular, or intermittent pulse; increased or deficient *action* of the heart, with *deficient force* or impulse; cough; hæmoptysis; jaundice; alternate scanty and profuse urine, sometimes albuminous; œdema of the feet, legs, face, and scrotum, ending in general anasarca; sighing respiration, with sinking, weak feeling at the pit of the stomach; sometimes with vertigo and amaurosis."

Sensation as if the heart would stop beating if she moved, with fear of impending death; worse in a warm room. Often when the feet become œdematous and the patient is cyanotic, it has a wonderful effect, entirely removing for a time all unpleasant symptoms.

Dose.—The active principle *Digitalin*, used in the first three decimal triturations, is often more efficacious than the tincture. The tincture should be used in the first three dilutions, and in the majority of cases the tincture will have to be used, in from five to twenty drop doses, three times a day. The dose of Digitalis for the removal of dropsy by its diuretic action needs to be larger than when its tonic action alone is needed, and here the *infusion* of the leaves acts far better than the tincture. Steep one drachm of the leaves in a pint of water until one-half has boiled away; strain, and give from two to four drachms at a dose, two or three times daily.

Stigmata maidis.—Cornsilk bids fair to be one of the

most useful remedies we possess for hypertrophy and dilatation of the heart, especially if associated with *bronchitis accompanied with copious expectoration*, and renal disease. Dr. Henri Dupont has made use of this drug in cardiac affections, and has recorded his impressions of its action as compared with that of Digitalis and Convallaria (*Union Medicale*, February 21st, 1884). In the trials he has made of it, during a period of three years, he has been struck with three facts: diuresis, slowing of the heart's action with improved rhythm, and the tolerance of the drug shown by the system. The diuretic action is almost always manifested at the very first, and goes on increasing up to the thirteenth or fourteenth day, and it is in cardiac affections, with œdema of the lower limbs or general dropsy, that the beneficial action of the agent is most prompt and the most evident. While the dropsy diminishes and often disappears, the arterial tension increases, and the venous tension is reduced concurrently; the general condition becomes decidedly improved, and in particular the author mentions a subjective feeling of calmness and *bien-etre*, except where there is pronounced dyspnœa. The latter symptom he has never known to be relieved. In hypertrophy and stenosis, the result has almost invariably been excellent. On the whole, the author thinks the Stigmata acts better than Digitalis, and with about the same energy as Convallaria, but that it is to be preferred on account of its not producing the unpleasant effects that sometimes follow the use of either of the latter drugs.

Dose.—The fluid extract is the preparation always employed by Dr. Dupont, never more than three grammes a day being given. He is guided as to the dose by the amount of diuresis—only enough need be given to produce free action of the kidneys.—*New York Medical Journal.*

Convallaria.—This remedy has of late been strongly recommended in heart affections, and seems to possess many of the beneficial properties of Digitalis; it increases the force of the cardiac contractions; at the same time it lessens the frequency of the beats; with the lessening of the heart-beats, it produces free diuresis. It is non-accumulative in the system; here it has the advantage of Digitalis. It has a tonic effect upon the digestive organs, and improves intestinal action. When Digitalis disturbs the functions of the stomach and proves cumulative, Convallaria will then be found a valuable substitute. Its action is often brilliant in paroxysmal palpitation due to nervous causes, and rapid, irregular heart-action dependent on debility. Heart feels full to bursting, from congestion, with

much fluttering; reflex heart affections. Heart feels as if squeezed in a vice, alternately grasped and released. Dull, pressive pain in the region of the heart, with a feeling of a weight in the chest, with irritable generative organs.

Dose.—First the attenuations. When these fail, give the tincture from 5 to 20 minims as a heart tonic. Dose of the soft extract, 2 to 8 grains; fluid extract, 5 to 20 minims. The active principle, *Convallamarin*, is a very powerful remedy; give the first three decimal triturations. The one-tenth of a grain should be given with caution. It is readily soluble in water. The Convallarin does not possess one-half the value of the glucoside of Convallamarin. Toxic effects: The pulse becomes imperceptible, great oppression over the sternum and in the cardiac region, vertigo, nausea, flatulence, cold hands and feet, with a feeling of utter prostration that lasts from two to four hours.

Arsenicum alba.—This remedy acts better in dilatation of the heart than in hypertrophy, and especially if dropsical effusions have taken place, with general anasarca, attended with great debility and anæmia. Violent and irregular action of the heart, with feebleness or almost complete extinction of the pulse. Severe paroxysms of palpitation, with cardiac syncope. Great anxiety and fear of death; tightness in the præcordia; *cannot lie down;* dyspnœa and palpitation after the slightest motion; violent, tumultuous action of the heart, *alternating* with feeble, irregular breathing; great thirst, drinks but little at a time but often; great tendency to fainting. Cold skin, hands, and feet; the feet greatly swollen. The physical signs on auscultation and percussion are: Great dulness in the cardiac region on percussion; the element of impulsion in the first sound of the heart is impaired or lost, or sounds as if at a great distance; bellows-murmur with the first sound, heard over the left ventricle and along the aorta, but loudest over the aortic valves, at the edge of the third rib, near the left edge of the sternum. If the disease is associated with albuminuria, it is another strong indication for Arsenicum. There is a dry cough, excited by a sensation as if the fumes of sulphur were inhaled, with severe dyspnœa and nightly aggravation; burning pains in the chest, greatly aggravated by rest and relieved by motion; cannot lie down for fear of suffocation; wants to be in a warm room. Great loss of flesh; general dropsy; cadaverous smelling diarrhœa, with great enervation in the last stages of the disease, with cold night-sweats. Lymphatic people that are *extremely sad* and irritable.

Dose.—Arsenicum will be found of great value in all potencies from the 3d to the 1000th. In children the high attenuations will often do wonders. The *Iodide of Arsenicum* will often do better than the Arsenicum alb.

Nux vomica, Strychnine.—Nux vomica and its alkaloid Strychnia, we will consider together. In the majority of cases Strychnia will be found of more value than Nux vomica, for when they are indicated *prostration* and *loss of tone* will be found in all the important organs of the body, viz., the brain, heart, liver, stomach, intestinal canal, renal and sexual organs. All become the seat of morbid irritability and perverted function, and nothing will be found more useful to tone them up than Strychnine, especially if there is great spinal exhaustion and muscular paralysis. They are more particularly called for when we have *extreme irritability* and given to scolding; fault-finding with every one and everything about them is characteristic of Nux vomica. Suffers much from dyspepsia, especially those that live high or take intoxicating liquors; greatly troubled with acidity of the stomach, and constipation with hæmorrhoids; much flatulent colic, with *ineffectual urging* to stool. Aggravations in the morning and from cold. Relieved by warm air and in damp weather.

Hypertrophy of the heart from portal obstruction, with frequent paroxysms of palpitation, accompanied by belching of gas and food, or dilatation of the heart, with very feeble action of the heart and many dyspeptic symptoms; aggravated after eating and from mental emotions.

Dose.—As a rule, the first three dilutions of Nux vomica will give the best results. Strychnine will give the best results when used from the second to the sixth decimal triturations.

Iron.—Cases that are benefited from the use of Iron are more particularly young people, suffering from anæmia under the mask of plethora and congestion, accompanied by a *whitish color* of the mucous membranes. Relaxation and weakness of the whole muscular system; feeble digestion and coldness of the extremities. The *least emotion or exertion* produces a *red flushed face*. Face suddenly becomes fiery-red, with vertigo, ringing in the ears, palpitation of the heart; dyspnœa, with a dry cough. Loud bellows-sound of the heart from anæmia; dilatation of the heart with fatty degeneration. Lienteria, stools of undigested food that are painless. Œdematous swelling of the body; constant chilliness; evening fever; hemorrhagic tendency. Diseases coincident with dropsical conditions; great coldness of the body at night; short breath-

ing, worse in cold air and better in warm air. Walking slowly relieves, but if fast, it produces great languor and faintness, with blackness before the eyes; hard beating of the heart; pulse full, hard, and slow, greatly quickened by exertion. Anxious breathing; chest feels constricted, with a feeling of spasm of the heart. Iron enters the blood and stimulates the trophic nerves, until the blood-making process goes on in a normal manner.

Dose.—All the preparations of iron are useful in hypertrophy and dilatation of the heart, when it co-exists with anæmia, but *not in pernicious anæmia*; these latter cases call for Arsenicum. Take the idiosyncrasies of each patient into consideration, as well as the bodily constitution. In uncomplicated cases, Ferrum metallicum will be found sufficient. If fatty degeneration has taken place, use Ferrum phos. or iod. If dyspeptic symptoms predominate, Ferrum et strychnine, or the lactate. In bad cases, the muriate may do the best. Use the first three triturations. My favorite form of iron is the *dialyzed*, five to ten drops of the crude drug being given three times a day.

Phosphorus.—In dilatation or hypertrophy brought on rapidly from endocardial inflammation, puerperal fever, typhus, scurvy, variola, or yellow fever, associated with dissolution of the blood, Phosphorus will take the precedence over every other drug. Phosphorus produces the typical fatty heart and arteries. The microscopic examination of the muscles of the heart shows excessive fatty degeneration, and that they are full of a large quantity of fine brown granules. The cardiac tissue is brittle, and appears fatty both to the touch and to the eye. The fatty degeneration of the heart is, according to Bamberger, a disposition of fatty granules in the primitive fibres, so that the whole muscular texture is lost, and the sarcolemma is filled up with closely standing fat molecules. The heart becomes more and more feeble as the fatty degeneration progresses throughout the whole body. More particularly called for in tall, slender people, with fair skin, sanguine temperament, that complain, in addition to their heart-trouble, of a sensation of weakness and emptiness in the abdomen; this distresses and aggravates all the other symptoms, and is the real ruling key for the use of Phosphorus. This is doubtless due to portal congestion. Violent palpitation of the heart on slight motion, with marked bellows murmur, synchronous with the systole of the heart, showing that there is venous stagnation of the right side of the heart. Anxiety about the

heart, associated with nausea, and a peculiar sensation of hunger. Pulse rapid, weak, and soft. When associated with dyspepsia, it is intermittent. Severe congestion of the chest, as if a weight were lying upon it; patient has to sit up in bed to get relief; feeling of suffocation. When the heart symptoms are associated with pneumonia of a typhoid form, with hepatization of the lung, face livid, brickdust or bloody expectoration, and severe, hard, dry, exhausting cough, the larynx seems lined with fur, and is very sensitive to cold air. Burning heat between the shoulders; legs and feet very cold and œdematous.

Dose.—Use the first ten dilutions, the first three being the most useful.

Kali hydriodicum.—This remedy is especially useful in old syphilitic subjects afflicted with rheumatism and glandular swellings, aphthous sore mouth. Many rheumatic pains in the limbs, aggravated by cold air and at night. With the cardiac trouble, there exists much bronchial irritation, with hollow, dry cough and dyspnœa. Patient is troubled greatly with chronic nasal catarrh, and nightly bone pains, greatly aggravated by cold and rest, relieved by motion. The hypertrophy and dilatation have been caused by repeated attacks of inflammation of the heart, and the patient has been mercurialized. Pulse rapid and intermittent. If there exists effusion in the pericardium and pleural cavity with general anasarca, the Iodide of potash has great power in causing absorption of this morbid product, in subacute and chronic cases.

Dose.—Use the first three dilutions. In some cases, in old syphilitic subjects, the crude drug should be used, from one to five grains at a dose, three times a day.

Ergot.—The action of this drug upon the heart and arterial system is very specific and powerful. In large doses, the action of the heart is greatly lessened, the arteries strongly contracted, while the veins are greatly dilated. The slowing of the heart action and the arterial capillary contraction, is believed to be the secondary or real curative effect of Ergot, while the dilatation of the veins is supposed to be its primary action. In hypertrophy of the heart the action of Ergot has been marked and favorable. Ergot has produced fatty degeneration of the heart, and when this takes place in dilatation, this drug will be one of the best.

Especially indicated in thin, scrawny, cachectic constitutions, continually complaining of being cold. Are in constant fear of death; great melancholy. In women there is a constant

sensation of pressure, and bearing-down sensation in the uterus, with profuse discharge from all the secreting outlets. Pulse small, rapid, frequently intermittent, or slow and suppressed. Often has palpitation of the heart at night. Heat applied to any part of the body greatly aggravates, so much so that there is extreme aversion to covers. Relieved from cold.

Dose.—As a rule, this drug will have to be given in the fluid extract, in from five to twenty drop doses, three times a day. In women and children, the dilutions from the first to the thirtieth.

Sulphur.—This drug is not, strictly speaking, a cardiac remedy, but its specific action upon serous membranes, and the power it has over obstinate inflammations that have passed to the stage of plastic exudation, makes Sulphur one of our most potent remedies. The power it has to cause the absorption of plastic lymph is not excelled by any drug. This plastic exudation into the pericardium and pleural cavity is a prominent symptom in the last stages of hypertrophy and dilatation of the heart. It is particularly called for when we have a sensation of constant heat on the top of the head. Feels very weak and faint from 11 to 12 M.; cannot wait for dinner; great heat in the palms of the hands and soles of the feet; at night has to put them out of bed to get them cool; sudden flashes of heat which soon pass off with moisture and debility; feeling of suffocation, must have the doors and windows open. All the secretions are exceedingly acrid; morning diarrhœa that drives the patient out of bed in great haste; can't wait; must go to stool as soon as the desire is felt; or chronic constipation with bleeding hæmorrhoids. Patient gets almost well, when the disease returns again and again. Patient has much rattling of mucus in the lungs, with loose cough. The changes in the weather greatly affect the patient.

Dose.—From the mother tincture to the two-hundredth dilution, the first six attenuations being the most useful.

Calcarea iod.—The iodide of lime will be found of great value in subacute and chronic cases of hypertrophy and dilatation of the heart, dependent upon valvular disease, especially in young people and children. Accompanied with serous effusion in the pericardium and pleura, with all their attendant symptoms.

Dose.—The first three triturations. In some severe cases, use the crude drug. In many, *Iodine* alone will be found of more value than when it is combined with lime. In these cases there will be found great emaciation, profound debility,

general cachectic state of the system, with a remarkable degree of weakness and loss of breath when walking or going up stairs. In women the mammæ dwindle away, and there is long-lasting uterine hæmorrhage, with excessive prostration. Symptoms all aggravated by heat and at night. Relieved by cold air.

Lycopodium.—This is a grand remedy in subacute and chronic cases of hypertrophy and dilatation of the heart, when it is complicated with dyspeptic symptoms, *much flatulence* and constipation, much borborygmus in the left hypochondrium, and great excess of lithic acid gravel in the urine. Marked palpitation of the heart with flatulence, and difficulty in breathing; hydropericardium; patient cannot lie down for fear of suffocation; has a loose, rattling cough; perspiration only on the chest; great disposition to take cold at every change of the weather. Symptoms aggravated from 4 to 8 P.M., by heat and lying down. Relieved by motion and in the early morning.

Dose.—From the sixth to the two-hundredth dilution, the thirtieth being the most useful.

Iodoform.—In chronic cases of hypertrophy, and especially dilatation of the heart with fatty degeneration, Iodoform will prove a valuable remedy, particularly when there is lessened blood-pressure, with a very frequent pulse, from a weakened heart. The specific indications for this remedy are not known, but time will prove it to be one of great value. Large doses lessen the heart-beats, while they increase the arterial tension.

Dr. M. Testa, of Paris, gave Iodoform in five cases of non-compensated valvular disease, in ¼ grain doses, 4 to 6 times a day. It diminished the dyspnœa and œdema, increased the volume of urine, steadied the heart, and removed hæmoptysis.

Dose.—One-fifth to one-tenth grain, every two or four hours.

Pilocarpin.—In hypertrophy and dilatation, with dropsical effusions, that have come on suddenly, no known remedy will remove the dropsical effusions so rapidly as the Pilocarpin, administered hypodermically. The circulation is greatly excited with lessened blood-pressure from a feeble heart, when large doses of Pilocarpin are taken. Mr. Langley says: "The pulse is increased in man from forty to fifty beats, the accelerated rate continuing more than four hours; at the same time the pulse is weaker. The final arrest of the heart, which occurs in diastole, is preceded by very irregular action; the ven-

tricles always stop first." Bartholow says: "It is a remedy of great value in cardiac dropsy, its therapeutic power being much the same as the vapor-bath, by promoting free diaphoresis. Ascites, hydrothorax, and pleuritic effusions have been quickly removed by this agent."

Dose.—Hypodermically use from $\frac{1}{8}$ to $\frac{1}{2}$ a grain. For an adult, it is usually best to give twice daily $\frac{1}{4}$ of a grain at first, and gradually increase it, to keep up its action. When Jaborandi is used, give from five to fifty drops of the tincture at a dose or the fluid extract, five to twenty drops three times a day. But these large doses nauseate the patient, and are taken with difficulty, consequently, I greatly prefer the Pilocarpin hypodermically.

Amyl nitritum.—This remedy is more particularly useful in acute and subacute cases, with greatly quickened and often irregular action of the heart. The whole arterial system is relaxed, from partial inhibitory paralysis of the sympathetic nervous system, with much præcordial anxiety. Flushing of the face and neck, with heat and perspiration of the same, accompanied with cold hands and feet. These frequent hot flushes constitute the greatest key for the use of this drug. Consequently, it will be found more useful in women at the climacteric than at any other time. The flushings and perspiration, so characteristic of this drug, are caused by partial paralysis of the sympathetic ganglia that control the circulation. When there is much pain about the heart, especially as in angina pectoris, with a great deal of congestion of blood to the heart, Amyl nitrite by inhalation often relieves the patient at once. In some cases with hydropericardium, it will act as a potent diuretic, and relieve the patient immediately. In these cases the blood-pressure is high during the paroxysm, with an excited and irregular heart.

Dose.—Put from three to five drops upon a handkerchief or a piece of blotting-paper, and inhale it for five minutes at a time, every half hour, hour, or three times a day.

Hepar sulphur.—In subacute, or more especially chronic cases, of hypertrophy and dilatation of the heart, with fatty degeneration. Great disposition to take cold; sweats day and night without relief, especially about the chest, with a sour smell, cannot bear to be uncovered, has a loose, rattling cough, when any part of the body is uncovered; laryngo-tracheal catarrh with much hoarseness; great sensitiveness to cold air. Has been mercurialized. Has an unhealthy skin, which cracks and runs into suppuration from slight injuries. Feeble but

rapid pulsation of the heart, with hoarse, anxious wheezing, aggravated by lying down. The dyspnœa is very marked and suffocating; lips and face blue, from collection of fluid in pericardium and pleura.

Dose.—The first three triturations. Some case may require to go up higher, to the 30th or 200th.

Apis mellifica.—This is one of our most valuable remedies in subacute and chronic cases of hypertrophy and dilatation of the heart, when there is great oppression; inability to lie down, from hydro-pericardium; absence of thirst; urine dark-colored, like coffee, and scanty. After scarlatina; no thirst. Rapid swelling of the cellular tissue, with redness, burning and stinging pains, soon followed by acute œdema and dropsy; the legs and feet become greatly œdematous. Dropsical effusion, with stinging pains, is the greatest characteristic for this drug. Great feeling of suffocation as though the patient would smother, with suffocating cough. Feeling about the heart, of great anguish and sense of suffocation. Pulse feeble, hard, small, intermittent, and rapid, often changing in character. Chest feels as if beaten, jammed or bruised. Albuminuria and general dropsy; the legs and feet are enormously swollen, numb and stiff, can hardly walk. Aggravated in cold weather, at night and in over-heated rooms. Headache relieved by pressure; washing in cold water relieves the skin affections.

Dose.—First six potencies. In obstinate cases, the first and second decimal triturations will act the best. Should be prepared fresh often.

Glonoine.—This drug will be found of great value in subacute cases, where the arterial tension is habitually high, and in which repeated paroxysms of angina are apt to occur with great mental excitement; congestion of the heart; throbbing in epigastrium. The violent action of the heart causes distinct pulsations to be felt all over the body, even in the fingers. Feeling of great fulness of the head, as if it would burst, with violent throbbing headache, aggravated by motion, and especially by heat; especially useful for women at the climacteric with hot flushes and throbbing headache. This drug finds its most useful sphere in arresting the acute symptoms that may arise in hypertrophy and dilatation of the heart, acting more as a palliative than as a permanent curative agent.

Dose.—The first three dilutions. Second decimal the most useful.

Lycopus Virginicus.—In hypertrophy and dilatation of the heart associated with pulmonary troubles, such as conges-

tion, hæmoptysis, dyspnœa, dry cough; action of the heart rapid and hard, similar to Aconite.

Dose.—First three dilutions. Tincture most useful.

Spongia.—In subacute and chronic cases of hypertrophy and dilatation, where the symptoms are similar to those of Iodine, caused from structural changes in the valves, with fatty degeneration, feeble pulse, and plastic exudation into the pericardium, dyspnœa, cannot lie down for fear of suffocation. Some cases are associated with exophthalmus and its attending symptoms.

Dose.—First six triturations. The second the most useful.

Plumbum.—In chronic cases of hypertrophy of the heart, Plumbum will be found useful when there is a slow, weak pulse, a brisk walk produces violent palpitation, with great anxiety about the heart, obstinate constipation, the fæces composed of lumps packed together like sheep's dung, with severe colic and contracted abdomen. The colicky pains proceed from the spinal cord, with sensation as if drawing in from the abdomen to the back, accompanied by great depression of spirits. Raue says Plumbum is indicated in hypertrophy when there is a "stitch in the region of the heart during inspiration, with anxiety; heat and redness of the face; rush of blood to the region of the heart during a rapid walk; anguish about the heart, with cold sweat; palpitation. Post-mortem after poisoning has shown that the serous coat of the pericardium is lined with a layer of reddish gray, fine, villous, meshy, firm, exuded lymph. The heart is more than double its normal size. The wall of the left ventricle is more than an inch thick."

Dose.—From the third to the thirtieth dilution.

Aurum met.—Chronic cases of hypertrophy and fatty degeneration, with dilatation, accompanied by extreme depression of spirits and a suicidal tendency, dwells constantly on the idea that he has heart disease, and that he is going to die suddenly. Great difficulty in breathing, after walking, with violent palpitation of the heart, and a weak rapid pulse, suffocative cough, or a hard dry cough, worse at night. Enlarged lymphatic glands similar to Mercury. Patients that have been mercurialized, or are suffering from tertiary syphilis. Aggravation from motion, in cold air and in the morning.

Dose.—First six triturations.

Bryonia alba.—In acute rheumatic cases, where there are severe stitching pains greatly aggravated by motion, with exudation of plastic lymph into the pleural cavity or pericardium,

accompanied by inflammation of the pleura, bursting frontal headache, excessively irritable, friction murmur always present; fever, of a rheumatic character; patient cannot sit up on account of nausea and faintness; has dry, cracked lips; everything tastes bitter; obstinate constipation; hard, dry cough. Symptoms all aggravated by motion, in cold air and at night. Especially useful after the Aconite stage has passed; the patient feels sore as if bruised all over. All the symptoms simulate rheumatism, or are of a rheumatic origin, valvular lesions, that have a rheumatic origin.

Dose.—The dilutions from the first to the two-hundredth, the first three being the most useful.

Cinchona.—This drug, or its alkaloid the Sulphate of Quinine, is epecially useful in hypertrophy, but more particularly, dilatation of the heart if it is associated with or produced by malaria, loss of the vital fluids, long-continued loss of sleep; the vitality has sunk very low, with great debility, anæmia and œdematous swelling of the lower extremities; enormous distension of the abdomen with gas, that aggravates the heart disease. Diarrhœa of undigested food, with much hyperæmia of the liver. Congestive headache; singing and roaring in the ears. Cough, with much rattling of mucus in the lungs. Palpitation of the heart, with rush of blood to the head; distressing constriction and anxiety about the cardiac region; weak, rapid pulse.

Dose.—From the first to the thirtieth dilution. When the Sulphate of Quinine is used, it should be given in doses of from one to four grains *ter die.*

Chloral hydrate.—The paralyzing effects of Chloral, manifested by great diminution of the arterial blood-pressure, from its direct action upon the heart-muscle, but also, in part, due to vaso-motor paralysis, leads to its use in hypertrophy and dilatation of the heart, especially if the function of the pneumogastric nerve is disturbed, as shown by the slow, full, irregular, or rapid respirations. Stertorous breathing is a marked feature after toxic doses have been taken. In poisoning, in man, the pulse has, towards the last, been very feeble, generally rapid and irregular, and, in some cases in which recovery has occurred, it has been absent for a time. In heart disease with great dyspnœa and sense of suffocation, the dyspnœa and suffocation being strongly marked; oppression of the base of the chest; tendency to faint, with sinking at the pit of the stomach; livid lips; slow respiration, pulse weak and fast; general anæmia; cold extremities; œdema

of the ankles, feet, and often of the face; great debility, with extreme despondency and sleeplessness, due to overwork; physical fatigue; anxiety and great mental strain; Chloral in the proper dose will do valuable service. More useful in the later stages, especially when palliatives are required.

Dose.—From one to thirty grains, according to age. A good rule is, to give to a child as many grains as he is years old, up to the age of twenty. It should be administered in the *Syrup of Tolu*, or some other weak syrup.

Pulsatilla.—This remedy does not act specifically upon the heart, but, from its wonderful action upon the gastro-intestinal canal, many symptoms are cured that greatly aggravate the heart disease, viz., dyspepsia in its worst form. The patient always has a very bad taste in the morning, with thickly-coated, white, or yellow tongue; sour stomach from the least digression in diet, especially bad effects from rich fat food; spitting up of sour food; much flatulence; mucous diarrhœa, worse nights; craves fresh, cool air, symptoms greatly aggravated in a warm room, and are very changeable, well one hour and sick the next; patient feels chilly, and is always complaining of the cold; nervous palpitation of the heart; rheumatic irritation of the heart, the pains shifting rapidly from one part of the body to another. Very affectionate females, with blue eyes, yielding disposition, easily excited to tears; women that are inclined to become fleshy, with delayed and scanty menstruation. Loose, rattling cough, that makes the stomach sore, and causes emissions of urine at every paroxysm of coughing.

Dose.—From the first to the two-hundredth; the first three dilutions being the most useful.

Caffeine.—The Citrate of caffeine is a very useful cardiac tonic, though not as powerful as Digitalis or Stigmata maidis. It slows the action of the heart, while, at the same time, it increases the force of the cardiac contractions. Its most powerful and useful effect in hypertrophy and dilatation of the heart is, its diuretic action when they are associated with dropsical effusions and general œdema. Caffeine has a direct specific action upon the secreting structures of the kidneys, and does not produce its diuretic action as Digitalis is supposed to do, entirely by increasing the blood-pressure. Caffeine acts also upon the cardiac muscle, or its contained ganglia, producing great irritability, in which the slightest excitement is sufficient to bring on irregularity and violent palpitation of the heart; oppression of the chest, asthma at night, and great

nervous excitability; fainting from sudden emotions. In acute cases, where much effusion has suddenly taken place, large doses of Caffeine, so as to get its diuretic action, will be found invaluable.

Dose.—From three to six grains of the Citrate should be given at a dose, three times a day, to produce diuresis. Has no cumulative tendency like Digitalis, and is easily taken by the feeblest person.

Veratrum viride.—In the first stages of hypertrophy and dilatation, where they are caused by some acute affection, and are of a congestive or rheumatic origin, ushered in by violent fever, full, hard, bounding pulse, throbbing carotids, much congestion of the chest and head; the pulsations are full, hard, and bounding, sometimes irregular and intermittent. In some cases, small doses will be useful when the pulse is soft, feeble, but very slow, hesitating, or intermittent; excessive irritability of the heart, so that the slightest motion, in bed, or sitting up, causes faintness, vertigo, blindness, with a very pale face. There is often great burning distress in the chest, with a sensation of a heavy load on it; rapid, labored, and sighing respirations. But the great field of usefulness for this drug will be found in those cases where the disease has just started, or has been suddenly aggravated from some cause so as to produce excessive action of the heart, with a full, hard, and bounding pulse. When this is the case, no known remedy will soften and bring down the pulse to normal, and below, equal to the Veratrum v. Large doses of Veratrum viride paralyze the cardiac inhibitory apparatus, while small doses (high attenuations) stimulate it greatly. And these two effects of this drug can often be applied with advantage to the patient.

Dose.—To get the tonic action of this drug it should be given in the attenuations from the first to the thirtieth; the first three being the most useful. To get its debilitating action, and lower the blood-pressure, give from two to five drops of the tincture, or from one to three drops of the fluid extract, every one, two, or three hours. When nausea and vomiting are produced, the dose should be greatly lessened or stopped altogether.

Aconite.—In the first stages of acute cases; where the skin is very hot, temperature high, with burning and intense thirst, scanty red urine, great congestion or inflammation of the heart and its appendages, that has not passed into the stage of effusion, but up to this stage, where there is a rapid, hard, and bounding pulse; the countenance expresses great anxiety, and

there is *great fear* of death, the patient is extremely restless, and tosses about continually; or if there is severe burning, constrictive sensation in the chest, with stitching pains; the position of the patient is on the back, with the head and shoulders raised, every movement aggravates the pain and causes extreme irritability of the heart, with hard, rapid pulse, rapid respirations, and tendency to faint; dry cough, aggravated at night. In chronic cases, where, at any time, these acute symptoms come up, from sudden changes in temperature from warm to extreme cold weather, suppressing the perspiration greatly aggravates the heart trouble. There is no remedy that will moderate excessive heart action better than Aconite, but when it is given in doses large enough to produce depression, its use must cease at once or great harm will be done to the patient. The use of this drug is principally to palliate acute symptoms that may, at any time arise; after this has been accomplished, some real heart tonic must be selected, as Digitalis, Stigmata maidis, etc.

Dose.—From the first to the two-hundredth attenuations, the first six potencies being the most useful. To get its depressing action, give from two to five drops every one, two, or three hours.

Tartar emetic.—In hypertrophy and dilatation, complicated with pulmonary congestion; cannot lie down; cardiac asthma, the dyspnœa is of a very severe character, with loose rattling cough, the lungs seem loaded with mucus, expectorated with great difficulty; pulse small, thready, irregular, feeble; heart's action very feeble and irregular; enlargement of the liver, with jaundice and frequent attacks of vomiting; great thirst, day and night. With the heart affection there is emphysema bronchiectasia, with a very copious accumulation of mucus in the bronchial tubes. This accumulation forms a mechanical obstruction to respiration, producing a group of symptoms of carbonic-acid poisoning, more or less pronounced; great anxiety and agitation, pale and bloated face, coma or delirium, with coldness of the extremities; profuse cold sweat, not followed by relief. The cough is aggravated by speaking, eating, and a recumbent posture, in damp, cold weather, and from getting warm in bed; relieved by cold air.

Dose.—The first thirty dilutions, but those that will be of the greatest value will be the first six triturations, given one to two grains at a dose, every two or four hours, according to circumstances.

Apocynum can.—In hypertrophy and dilatation of the

heart, associated with hydro-pericardium and general dropsy, the renal organs being prominently involved, their mucous membrane not only being affected, but the whole vascular system of the kidney; the increased blood-pressure is very great. The urine is very scanty and dark-colored. Acute inflammatory dropsy. The hydro-pericardium is so great that the patient can hardly speak for want of breath; cannot remain in a recumbent position, the difficulty of breathing is so great; lying down produces violent dyspnœa; suffocating, dry, hacking cough, with nausea, and great sense of weakness, and goneness in the region of the stomach. Frequent palpitation of the heart, especially on motion; pulse small and irregular; vitality greatly lessened. Skin dry, or cold and clammy; general œdema of the legs and feet. Has many rheumatic symptoms with the dropsical condition. When Apocynum acts favorably, the secretion of urine is greatly increased, and the skin becomes moist. Aggravations from sudden changes in the temperature from warm to cold. Better in warm weather and during the day.

Dose.—First six dilutions will often be sufficient, but in many cases, to get its diuretic action, from five to fifty drops of the tincture will have to be used once in every two to four hours.

Opium.—This drug, in some of its forms, especially the *Sulphate of morphia*, will have to be employed in the last stages of hypertrophy and dilatation as a palliative. The continuous dyspnœa and orthopnœa, which are often so distressing in the last stages of this disease, which is nearly always associated with great general exhaustion and obstinate insomnia, are materially mitigated by the use of *Morphine*. And the humane physician should never allow his prejudices to so get the mastery of him as to prevent the administering of a remedy that will so soothe and comfort a patient during his last hours of earthly existence, allowing him to go out of this life free from all pain and suffering; and, at the same time, the loved ones, that are so tenderly watching and serving him, will bless the Creator of the universe for giving us means that will, even in the agonies of death, so soothe our aching bodies that we can die in peace, and go to that blessed home where sickness and sorrow, pain and death, are felt and feared no more.

Adonis vernalis.—This is a new cardiac tonic, very similar in its action to Digitalis, but non-accumulative in the system. Its action is to stimulate both the inhibitory apparatus and the motor ganglia of the heart, to increase the contractility of the cardiac muscle, and to cause the contraction of small

arteries in different parts of the body, without affecting the vaso-motor centre. It is more particularly indicated in cardiac dilatation, with a rapid, weak pulse, or it may be irregular and intermittent, with venous stasis, associated with general dropsy, the kidneys sympathizing, and the urine being loaded with albumen. Under the action of Adonis, in secondary heart disease associated with dropsy, the cardiac contractions increase in force, the pulse becomes less frequent, more regular and full, the urinary secretion increases tenfold, the albumen disappears, specific gravity diminishes, and the urine changes from a dark brown to a very pale color, with increase of the chlorides and urates; the ascites and hydro-pericardium with the œdema of the legs disappear. The dyspnœa and palpitation of the heart are greatly relieved the first day, and in a few days a marked change for the better is produced in the patient.

Dose.—Of the infusion, one drachm to six ounces of water, a large spoonful once in two hours. Of the fluid extract, from two to ten drops, once in three hours. *Adonidin*, the active principle, is more active than Digitalin, and should be given with caution. In too large doses, it acts as a violent drastic cathartic. One one-hundredth of a grain should be given at a dose, once in three hours, to adults; in children, from the third to the tenth trituration.

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PREVENTION OF CHOLERA.

BY J. M. SCHLEY, M.D., NEW YORK.

(Read before the Homœopathic Medical Society of the County of New York.)

MEDICAL science of to-day is principally busied in finding the ultimate probable causes of disease, and in discovering some means to destroy, subjugate or mitigate these causes. In answer to the frequent question put to the physician, "Is cholera coming among us this summer?" we must know what these scientific investigations have accomplished, and to what extent their results may be applied practically; and, aside from the scientific view, the answer to such a query must be naturally uncertain and unsatisfactory, for I do not believe any one of us individually or as an organized body can give authority to our opinion until we *know* what the National Board of Health is going to do, how energetically it is going to work, etc. The prevention of cholera is essentially of a twofold nature: 1st, *to prevent its importation;* 2d, *after its importation to prevent its spread.* The importation is a matter for the National Board of Health—which has several hundred thousand dollars at its disposal and unusual powers to enforce its regulations—to attend to, the prevention of its spread in this city a matter for our much political-ridden Board of Health, and more especially *each and every one of us here to-night.* We can all use our own efforts, strength, judgment, give advice to our patients and those desiring counsel in such a matter, and through these channels we may all *help*, independently of any influence, political or otherwise. The educated public will certainly turn to us *first* in such an emergency, and we can wield considerable influence for the general good. In looking over foreign literature dwelling mainly or entirely upon the prevention of cholera, one is struck by the little knowledge we have gained concerning this pestilence; it did not need its recurrence to teach us that filth, overcrowding, and unsanitary conditions generally formed its special home, or that the poor, the badly fed, and the intemperate were its special victims.

Mr. Proust, in a communication to the Academy of Medicine in Paris, on January 27th, 1885, on the epidemic in France in 1884, has extracted from several reports of physicians, living in the affected districts, to their respective prefects and to the minister of commerce, a certain number of facts upon the possible origin and spread of the epidemic. He felt justified in drawing the following conclusions: 1st, the cholera was *imported* into the villages and towns of their departments:

2d, the water played an important rôle in its transmission; 3d, the intensity and the epidemic itself was caused direct by conditions of insalubrity (filth); 4th, one can attribute in part the cessation of the epidemic to hygienic measures and thorough disinfection. These four conclusions cover the whole field of preventing cholera reaching us in an epidemic form.

1. Under the first division, the query is, whether quarantine will protect us. It is not known that quarantine regulations ever protected any community during the entire course of any epidemic. Yet, on the other hand, there is abundant evidence that a strict quarantine has interposed, for a time at least, an effectual bar to the advance of the disease, thus postponing its visitations, though it may not prevent them. Indirectly, a quarantine may operate for good or evil. For good, if, while it postpones the invasion of cholera for three or six months, it nevertheless warns us to prepare for its inevitable coming. For evil, if by its temporary success in staying the pestilence, it deludes us into fancying that the destroyer will pass us by, and that we need take no care to set our houses and cities in order against its coming. For, in all events, it is probable that, by the aid of a rigid quarantine, we gain the advantage of ample warning, and of time to adopt the necessary hygienic measures for mitigating the severity, and circumscribing the extent of the disease.

2. Water as a conveyor of cholera. Drinking water is often made impure by decaying vegetable and animal matters, and is then a fruitful source of disease. This city in an epidemic of cholera would in a great measure or entirely be exempt from such a danger. Boiling the water in cases of doubt as to its source would be wise.

3. Filth as a cause. No fact is better established, and none is more important to be widely known, than this: that wherever filth abounds, there cholera makes itself at home. The exhalations from an undrained soil, saturated with the washings of uncleaned streets; an atmosphere tainted by the effluvia from accumulated decaying garbage and from animal and human excretions—these furnish a climate in which the seed of cholera will rapidly develop and grow with rank luxuriance. During the last epidemic in Southern Europe it was shown that the densely crowded and filthy quarters of all the affected cities suffered the most. This has been so in all epidemics and endemics. But the impure air that favors cholera is not found in filthy, narrow streets alone. It may exist in splendid mansions upon our cleanest and broadest

avenues, if the sewers which drain the houses be defective, clogged or *not ventilated*. It may exist in ANY sick-room, anywhere, if ventilation and cleanliness of person and of furniture be neglected; of course, our streets *must* be cleaned, and means should be taken to prevent garbage being thrown into them. But the greater part of the bad air of our houses comes from cesspools and sewers. Cesspools and privy-vaults should be emptied and cleansed during the cold winter months. Drains leading from houses to cesspools or sewers should be carefully cleared, and all traps in such drains or in soil-pipes should be opened and cleansed.

4. Hygienic measures and thorough disinfection.

Personal Habits. It is universally conceded that the free use of alcoholic drinks predisposes to cholera. Abstainers should not resort to their use during an epidemic, and, on the other hand, those who are habituated to the moderate use of wine run a risk if they suddenly discontinue this habit. Excesses and extremes of all kinds predispose to cholera. Excessive filth does so. So does excessive bathing, for it reduces the heat of the body and debilitates the system. The inordinate use of either animal or vegetable food is a predisposing cause. But so, most emphatically, is fasting or abstinence, especially as regards animal food. The excessive mortality from cholera in Paris (in 1832, 20,000 died in one month) occurred during the fasting of Lent. Anything, in food or regimen, that irritates the bowels predisposes to cholera. So does fatigue or violent exercise. But the most powerful of all predisposing causes are *moral*, fear, depressing dread—*panic!* If cholera comes to us this summer—let each one avoid excesses of abstinence as well as of use, avoid the very free use of vegetable food and fruit, especially of the coarser kinds, avoid indulgence in alcoholic drinks, avoid exposure to night air, to cold, to undue fatigue of any kind, and to mental depression.

Is cholera contagious,—that is, does it spread by *touch* or *contact?* The ablest minds in the profession have sought to solve these questions, and have come to different conclusions. In some epidemics contagion has alone accounted for its onward march. If in some instances contact causes it, many of the above prophylactic measures will be uselessly employed. Hahnemann found that giving his patients Camphor, Sulphur, Veratrum alb. or Cuprum ac. during an epidemic warded the disease off.

Disinfection has been of the utmost use in arresting the disease when *properly and thoroughly* carried out. If a pa-

tient fall ill, the dejecta and fomites should be immediately rendered harmless by using chloride of lime in solution in the vessels, or if they find their way into clothes, bed-linen, carpets, etc., these should be immediately placed in a spot where they can do no harm. The room, its floor, walls, and ceilings should be thoroughly washed down with some powerful disinfectant, sulphur burned freely, or, better still,—when the patient is moved out,—repainted.

Should this plague reach us, let each one do his duty, and hold steadfast to our law of *similia similibus*, — and when the conflict is over, and we compare notes with our old-school friends, I am sure, yes, positive, that we may *show* them that we have saved 75 per cent. of our cases. They lose 50 per cent. or more invariably.

A most interesting and valuable work upon cholera, by Surgeon-General J. M. Cunningham, of India, will appear in England in a short while, embodying the results of his long experience and exceptional opportunities for acquiring precise information in connection with this subject. The work is entitled: *Cholera: What can the State do to Prevent it?* In the preface the author observes: "My object is to discuss the whole question from a *practical* point of view; to examine how far the action taken by different governments in order to arrest the progress of epidemic cholera has been productive of good, and how far it has been productive of evil; and to point out, from the 33 years' experience I have had of the working of the sanitary department in India, what has proved to be the only effectual means of meeting the disease."

Dr. Cunningham, as is well known, holds what many believe to be, very heterodox views on the subject of cholera; he is, nevertheless, equally well known to be a most capable public servant, and has had unsurpassed opportunities of forming an opinion of the matter with which he is dealing. Regarding the so-called endemic area of cholera, it is remarked that its limits cannot by any means be readily defined on a map, as it shades off gradually in all directions, and that the prevalence of the disease in the endemic as well as in epidemic territories, is very different in different years. It is, however, pointed out that the districts which suffer most are by no means those which are in most direct or constant communication with the endemic area; nor is the reverse true, that those districts which escape are comparatively isolated and removed from intercourse with the endemic area. In this connection two places are cited which enjoy a remarkable immunity from

cholera,—Montgomery and Mooltan, in the Punjaub; and two other places in the same province—Umritzer and Lahore—are cited as enjoying no such exemption, but from time to time suffer severely under precisely similar conditions as regards facilities of intercommunication. All four lie on the same railway, and bear the same relation to the traffic of the country. The direction taken by the epidemics of the disease in the Bengal Presidency, is stated to be always upwards, never downwards, and advantage of this circumstance is taken in regulating the movement of troops. It has never been attempted to prove that the troops conveyed cholera when travelling in a southerly direction, and this in the Upper Province is all the more noteworthy because the great drainage-channels, into which much of the choleraic matter must eventually find its way, run in the reverse direction of the epidemic. Railways have now placed the whole country within a few days of the endemic area, but the frequency of epidemics has by no means increased, nor is their movement more rapid, while their direction is wholly unaltered. The hill station of Mussoorie is cited, which, although within seven miles of the plains, and drawing all its supplies thence, has suffered less over a long series of years than most towns in Europe. Dr. Cunningham tells us that all attempts to keep out cholera from places in India have signally failed, and so satisfied has the government become of the futility of quarantine, that it has been altogether prohibited. "All experience in India," he says, "goes to show that, to impose quarantine or cordons in order to keep out cholera, is a proceeding no more logical or effectual than it would be to post a line of sentries to stop the monsoon." As regards troops and prisoners, the procedure adopted is, that when a single case of the disease occurs, removal from the affected room or building is compulsory. If a third case occurs, among any body of troops, then they are immediately removed into a camp. Such removal "has proved successful even when the party moved have carried their sick to the new place, and have drawn their supplies, including their water, from the infected place which they had left."

In Dr. Cunningham's opinion, the upshot of all the evidence goes to show that during the fifty years passed under review, the places which are in most direct and constant communication with India have suffered least; that since direct and constant communication was established between India and Europe, Europe has suffered from cholera invasion less frequently than it did before; and that in spite of railways and

other improved means of communication, the recent European epidemic travelled no faster than did that of 1832. Reference is made to the isolated cases of the disease which occur in all countries every year—it is known to have been in Russia during the last twenty years,—but they are referred to, when not followed by an epidemic, as cases of cholera nostras. "But," Dr. Cunningham asks, "are isolated cases of small-pox or measles different from the numerous cases which make up an epidemic? Are they distinguished as cases of variola nostras, or rubeola nostras? And yet these diseases, just like cholera, have their time of abeyance when they present themselves in solitary attacks, and their times of epidemic prevalence."

We cannot, however, omit to give the pith of what is said as to the duty of the State, in connection with the prevention of the disease, and this cannot be done better than by quoting one or two of the sentences of the author's concluding chapter: "Each country should have its own sanitary administration, which should be occupied *entirely* with carrying out sanitary improvements within its own boundaries, and with collecting information to show where these are most wanted, and what results they have produced. If it is to be of any value, the whole practical action must be based on the great truth, that the measures which will confer protection from cholera are measures directed, not against the freedom of the *person*, but against the insanitary condition of the *place* in which he lives." Such measures will not only diminish cholera, but they will also diminish the many other diseases which, by their constant drain on the population, are in reality much more destructive than cholera.

Discussion.

Dr. Ball, in opening the discussion, said that he had had experience with cholera in the epidemic of 1832. He considered fear to be a prominent factor in the etiology of the disease. In Salina, where he was practicing at that time, many persons in excellent health were taken with the disease, and many of them died. The only cases which recovered were those which received prompt treatment during the premonitory stages. He then gave a brief review of the allopathic treatment of cholera, showing how widely at variance the different authorities were with each other. He compared this with the results of the teachings of homœopathy, by which Hahnemann was enabled to give a correct treatment of the disease even before he had seen a case. In closing his re-

marks he referred to the reported success of two physicians of Cincinnati, where the disease appeared in its most *violent* form. They treated 1116 cases of real cholera in all its stages, and with only a loss of 35. They also treated 1350 cases of cholerine, and many cases of malignant dysentery after the subsidence of cholera, without the loss of a single patient. Of the cases of genuine cholera Asiatica, 538 had vomiting, diarrhœa, and cramps; 70 were in a state of collapse; and the rest with vomiting and rice-water discharges; and all those subjected to prompt treatment were speedily restored.

Treatment.—First stage: Camphor, two or three drops every five minutes for one to two hours, until perspiration was established; this remedy was *effectual* in most cases in the early stage. Second stage, with cramps, prostration, and collapse, the treatment was Cuprum, when in bowels and chest. In cases of *decided collapse*, Arsenicum and Carbo veg. were relied upon, together with dry frictions with the hands alone.

Dr. Belcher said, that he had had considerable experience in the treatment of Asiatic cholera during the epidemic of 1849. During that period physicians were also largely occupied with cases of cholerine, or choleraic diarrhœa, conditions largely dependent on the same causes as cholera itself, the difference between the affections being one of degree only.

Of course, there was much fright among those who were at all sick, but I thought that when that symptom predominated, especially in those who were able to keep going, it was generally owing to the effect of the epidemic influence on the nervous system. It would fall suddenly upon persons who had been calm and collected, and it would disappear with the subsidence of bilious or gastric derangement, or of other choleraic symptoms.

Indeed, when a person had the real prodromic symptoms of cholera, or had a fully developed attack of it, so far as I observed, the moral condition was generally that of apathy, or unconcern, or indifference.

The medical treatment of cholera and cholerine was not so successful as that of cholera nostra. They were perhaps generally more painful in the less dangerous forms. Indeed, the physical and moral lethargy or apathy of the severe forms sometimes masked their intense malignancy. Cholera nostra has some analogy, in its expression, to the cholera Asiatica, probably about the same as the analogy of follicular tonsillitis to diphtheria.

The epidemic influence sometimes caused symptoms, also, that might be compared to those of an intense influenza, or bilious congestion, or winter cholera, or lead colic.

The different forms of disease that occur among children during the prevalence of cholera infantum, have a striking analogy to those of Asiatic cholera.

During the latter part of the epidemic especially, dysentery prevailed. Cases of cholerine, and cholera itself, often ended in it, and although it was, comparatively, much less fatal, it engrossed much of the time and capacity of physicians. Many cases of dysentery, indeed, ran into the state of collapse, and, excepting that the discharges were peculiar to it, they had the characteristic symptoms of cholera.

The severity of the attacks could never be judged by the profuseness of the discharges. Many cases of malignant character had not very copious evacuations, while other cases would have frequent and large discharges, which would be tolerated remarkably. Although the cause of intense apprehension and anxiety, profuse diarrhœa was imminently dangerous in proportion to accompanying conditions. It, however, was regarded as always dangerous, especially when painless, and accompanied with moral indifference. In many cases, after the diarrhœa had existed for several days without producing any high degree of uneasiness, sudden collapse and death would follow.

Constipation was not uncommon, and was usually accompanied with poor appetite and imperfect digestion, hypochondriacal fulness, defective peristaltic action, and sometimes a colic as if caused by lead-poison, slow or irregular pulse, and a general moral and physical depression. It was often the forerunner of the diarrhœa. Among the remedies that helped me out in these conditions were Arnica and Plumbum.

Many persons believe that genuine cholera occurs more or less every summer, the truth of which Dr. Belcher doubted. Many of the cases of cholera nostra, were they Asiatic cholera, with equally severe symptoms, would undoubtedly die. In fact, Dr. Belcher asserted that he had never seen an attack of cholera nostra prove fatal, no matter how severe it may have been.

The coldness of surface in the early stage of an attack is often transient, and in many cases is somewhat analogous to faintness. The patient is then often anxious as well as distressed, and is comforted and relieved by Camphor and warmth. In the stage of collapse, hot applications aggravate, and the

patient, while feeling, to one's hand, as cold as ice, complains of heat, and is more comfortable and quiet when uncovered and exposed to cool draughts of air.

In the treatment of cholera the remedy of the most importance was *absolute* rest and quiet. Camphor was of great value in almost every stage and variety of the disease, especially when coldness was a characteristic symptom, but little improvement followed its use in the gelid collapse.

Aconite corresponds pathogenetically with the intense symptoms of cholera, and was a favorite remedy of Dr. Belcher's, even in the collapse-stage.

Veratrum was of great value when profuse vomiting or diarrhœa were prominent symptoms. Dr. Belcher recommended Veratrum viride as best, after Camphor has warmed up the patient, or has failed to relieve promptly, when the attack is sudden and impetuous, and the evacuations very profuse: the Veratrum album, when the discharges are rather less profuse, and the attack is less impetuous but seemingly having a deeper hold; also, when the diarrhœa, even if profuse, was more or less dysenteric.

Cuprum was a very valuable remedy when cramps, abdominal, or of other parts of the body or limbs, were the predominant feature.

Plumbum, when the abdominal pains were more or less paroxysmal and yet continuous, and binding, with dysenteric symptoms.

Ipecac. was a valuable general remedy for gastric disturbances, with colic and relaxed bowels, or dysenteric symptoms.

Opium he used less then than he now would if he had to treat cases of cholera again. He had used it, or Morphia, with satisfactory results in sporadic cholera and in cholera infantum, when, with profuse or unconscious diarrhœa and with vomiting, there was intense restlessness or the opposite, a soporose or lethargic condition.

Arsenicum met the indications where the diarrhœa was sudden, aggravated by food or drink, and at every evacuation was followed by weakness or faintness.

Of course, other remedies were often used, among these, Podophyllum, Jalap, Senna, Secale, Phosphoric acid, Phosphorus tincture, Rhus tox., and many others; but generally he depended upon the remedies mentioned above.

In cholera dysenterica, or in dysentery, more dependence was to be placed upon Mercurius corr. than any other remedy. Next to that, perhaps, Arsenicum seemed well indicated. Be-

sides these, Arnica, Veratrum, Bryonia, Ipecac., Colocynth, Opium or Morphia sulphate, Plumbum, were among the remedies he employed. But, if the indication existed even in a moderate degree for Aconite, Dr. Belcher used it in alternation with one of the other selected remedies, almost constantly both in cholera and dysentery.

As to diet, during and immediately upon an attack it was confined principally to bread, beef-tea, and milk-porridge. He gave very moderately of alcoholics, and then mostly in the early faint or cool stage. In the decided collapse he did not see any good from their use. Still, he would say this: If a patient relished them, he gave them, and regarded it as a hopeful symptom that he enjoyed them.

As soon as the thirst subsided, he ventured upon the use of a chop or steak, moderately and carefully following the relish of the patient and the ease of its digestion.

He attended four or five cases of pregnant women for cholera, three of them at least well marked, who made good recoveries, and without abortion.

Dr. Belcher had met with but two cases in whom the diarrhœa or cholerine culminated in cholera, and they both finally recovered.

The secondary fever, following after reaction from the cold stage of cholera, was nearly as often the cause of death as was the primary attack. Where the cases had been treated by moderate or homœopathic doses throughout, but little trouble arose from it. The large doses of Opium administered in the primary attack had very much to do in intensifying the secondary fever. Following the printed advice of the Board of Health, Laudanum in full doses was very often administered before he began to treat any patients, and if they were well-marked cases, the speaker believed then, and still believes, that the patient's chances for recovery were, in consequence, lessened decidedly in the primary attack, and equally or more so in the secondary attack.

He used the lower dilutions or triturations, rarely going higher than the third centesimal, and sometimes giving a drop of a tincture or two or three grains of the first or second trituration at a dose. He often repeated the doses after every evacuation, or in the cool stage every half hour to one hour. Camphor was given every five or ten minutes.

The believers in the homœopathic principle gained a foothold in the cholera epidemic of 1832, and the success of the homœopathic treatment in the next great epidemic of 1849 made it from that time a power in the land.

In closing, the speaker remarked that, after some experience of a dry diet of meat and rice during the heat of summer, he changed his views and recommended the usual diet of meats, vegetables, fruits and melons, and he had no occasion to regret the change.

Dr. Hallock's experience was mostly in the cholera of 1832, at which time he was an allopathic physician and knew nothing of homœopathy. Diarrhœa very generally preceded the epidemic, few escaped it, though there were some remarkable exceptions of persons who were constipated through all the season. In some cholera cases there were few or no discharges, but the other symptoms, sinking coldness and death, as soon followed.

The greatest trouble in the management of the early cases was to get the patients to go to bed, cover up warm and take *rest;* many would persist in attending to daily work till the attack became more severe, and then, when often too late, would seek the bed and rest.

The remedies were Ipecac., a mild cathartic of Calomel and Rhubarb or Castor oil. Then Calomel and Opium principally and numerous other remedies were employed internally, as well as mustard, hot cloths and brisk frictions externally.

Dr. P. P. Wells said, that he had passed through several epidemics of cholera, and had had three attacks of the disease. It is an affection concerning which there is great ignorance. He believed from personal experience that cholera could be transmitted from one person to another. It is a mistake to believe that cold will destroy the cholera cause. He met with his first case in 1849 on the coldest day of winter. In the treatment of cholera as in all other affections, the physician should remember that he is treating a sick patient and not a disease. He should take the totality of the symptoms, and prescribe according to that and that only. As to the etiology of cholera we know but little.

Dr. Bullel, of India, was called upon to speak by the President, but said, that, as the subject had been so well discussed, and as there was an evident tendency manifested by the members of the society to move toward the door, he would say nothing.

Dr. Allen stated that, in the epidemic of 1866, he treated an old lady of seventy perfectly conscious and contented, lying with only a sheet over her, and cold as a stone, and shrivelled, but Ergot saved her life, clearly. Later on he saw a similar collapse following dysentery in two instances, which were fol-

lowed very rapidly by death. Afterwards he saw three other cases of complete collapse and perfect indifference. These last three were saved by Ergot.

Dr. Wood said, that during the cholera epidemic of 1866 he treated many cases at Hunter's Point, at Staten Island, and in this city; under the use of Opium and astringents the majority died. While relating the bad results of treatment, the trial of homœopathy was suggested by a friend; although objecting to such heresy, he did try it, and cured the large majority by alternating Camphor and Veratrum album. Other patients were more benefited by Cuprum and Camphor, and one with a pasty sticky tongue was promptly helped by Phosphoric acid. Another case, whose body, although cold, was continually throwing off all covering as if oppressed by heat, was quickly cured by Ergot, after Camphor and Veratrum had failed. He regards the Sulphate of copper among the best of disinfectants during cholera epidemics. Opium is of use only in cases brought on by fear, and not in true cholera. Plain diet should be used. He should not hesitate to use ripe fruit himself, but would absolutely forbid cold or re-cooked meats, meat pies or other kept-over moist foods, all of which may develop fungus growths unnoticed to smell or taste.

Dr. Helmuth said, that, in the year 1866, the cholera epidemic prevailed to an alarming extent in St. Louis, owing probably to the imperfect drainage then existing in that city. Nearly a quarter of the entire number of deaths from cholera occurring in the United States took place there. Death occurred, in many cases, within a few hours after the attack. Early in the epidemic he noticed one fact: that the steady drinkers of alcohol, as well as the intemperate, and those suffering from syphilis, died early, as did those also whose nervous systems were depressed from fright and from taking large doses of the patent nostrums advertised as certain cures for the disease. During this epidemic, most of our physicians advised their patients to wear Camphor-bags next their persons, and there was a marked difference in the severity of the disease among those who employed this simple expedient. The symptoms of this epidemic were, in many instances, of the most violent character. The disease came upon the patient like a whirlwind,—cramps and vomiting, restlessness, and purging of rice-water, blueness and coldness and non-elasticity of the skin, sunken features, glazed eyes, clammy skin, and that fearfully anxious expression of countenance, with cold breath, and utter and entire collapse, were the symptoms, once seen, never to be

forgotten. In that epidemic we were successful over other methods of treatment in the proportion of two to one. The guiding symptoms are not many. Hahnemann predicted the medicines, before the disease had come under his own observation. For the violent cramps, especially in the beginning of the disease, Camphor was administered. For great thirst for small drinks, restlessness and prostration, Arsenicum. For constant vomiting and purging with great thirst for large quantities of water, cold sweat and blue skin, Veratrum is the medicine *par excellence*. When the discharges poured out as if shot from a gun, Secale would be prescribed. When there was great rumbling of the bowels, the medicine was Phosph. acid, and often when cramps would not yield to Camphor, Cuprum would relieve the patient. Of course, this is but an outline of what was done. There was also a point which he always followed with great care, in regard to the disinfection of the vessels into which the cholera dejections were passed. It was understood, then, even as well as now, that the infection was rapidly increased by the exposure of the evacuations to the air, and at that time he recollects reading a pamphlet containing experiments regarding the best disinfectant, in which it was averred that Iodine possessed disinfecting properties superior to all others then in use. He, therefore, had tincture of Iodine in water always kept in the vessels, which were cleansed immediately after they had been used, and a small quantity of the Iodine solution poured into them and allowed to stand ready for use. He also had a few of the crystals of the drug on a plate put in some convenient place in the room. The doses of the medicines we gave were generally in the first, second, or third dilutions. He frequently gave Veratrum in the tincture.

Miscellaneous Contributions.

AMERICAN INSTITUTE OF HOMŒOPATHY—THIRTY-EIGHTH ANNUAL SESSION.

The thirty-eighth annual session (forty-second anniversary) of the American Institute of Homœopathy was held at the Lindell Hotel, St. Louis, on Tuesday to Friday, June 2d to 5th, inclusive. Representatives were present from nearly all parts of the Union, the South and West furnishing an unusually abundant quota. President T. F. Allen, M.D., of New

York City, occupied the chair. Upon the platform were seated also, Vice-President A. C. Cowperthwaite, M.D., of Iowa City; General Secretary, J. C. Burgher, M.D., of Pittsburgh; Provisional Secretary, T. M. Strong, M.D., of Ward's Island, N. Y., and Geo. S. Walker, M.D., of St. Louis, Mo.

After the call to order, an address of welcome on behalf of the physicians of St. Louis and its vicinity, was delivered by Dr. Walker, and replied to by President Allen.

The President then delivered his annual address. He alluded to the large number of members removed by death during the year, made a number of references to the progress of homœopathy, and to the Institute's work, and invited special attention to the advisability of instituting a careful and extensive series of observations and crucial experiments to demonstrate, if it be possible, the development of drug power by attenuation, and the pathogenetic influences of the higher potencies upon the healthy.

The President's address was referred to a committee, consisting of Drs. H. B. Clarke, of New Bedford, Mass., Lewis Sherman, of Milwaukee, and Clarence Butler, of Montclair, N. J.

The Treasurer, Dr. E. M. Kellogg, of New York, presented his annual report, showing:

Balance at last report, ...	$ 99.65
Total receipts during the year, ...	3711.50
	3811.15
Disbursements, ...	3309.27
Balance in Treasury June 1st, 1885, . .	$ 501.88

Reports were received from Dr. J. C. Burgher, on behalf of the Executive Committee, and the Committee of Publication.

A synoptical report was received from the necrologist, showing the decease, during the year, of twenty-one members, as follows:

Luther Clark,
F. R. McManus,
James M. Cummings,
B. E. Sawyer,
John Romig,
C. H. Burr,
A. C. Hoxie,
Constantine Lippe,
A. M. Bennett,
R. E. Caruthers,
F. W. Ingalls,
Milton Fuller,
B. F. Joslin,
A. P. Cook,
N. F. Cooke,
P. G. Valentine,
John Butler,
O. H. Crosby,
C. E. Brooks,
R. L. Howard,
Hans Powell.

Of these, the first four named in each column, were "Seniors;" that is, they had been members of the Institute for 25 years and upwards, and Drs. Clark, Fuller, and McManus aided in organizing the Institute, in 1844.

The Board of Censors reported, through Dr. R. B. Rush, chairman, recommending nineteen candidates for membership, and they were elected:

Albert H. Thompkin, Jamaica Plains, N. Y.,
Ed. L. Mellus, Worcester, Mass.,
Henry A. Brown, Reading, Mass.,
John C. Lawshe, Atlanta, Ga.,
Susan M. Hicks, Atlanta, Ga.,
R. H. Reed, Woonsocket, R. I.,
Geo. W. Crosby, Atlantic City, N. J.,
Edw. P. Hooker, Hartford, Conn.,
F. E. Stokes, Coshocton, Ohio,
Charles Gordon Fuller, Chicago, Ill.,
E. F. Walker, Providence, R. I.,
Wm. Von Gottschalk, Jr., Centre Falls, R. I.,
D. A. Babcock, Fall River, Mass.,
H. Pomeroy, Cleveland, Ohio,
J. P. Rand, Munson, Mass.,
C. H. Hadley, New Shorcham, R. I.,
W. B. Clark, Indianapolis, Ind.,
Scott B. Parsons, St. Louis, Mo.,
Louis Lowenthal, Washington Heights, Ill.

Dr. Talbot offered a resolution providing that the Board of Censors shall announce, at least six hours prior to their election, the names of candidates for membership, with their qualifications. After considerable discussion, the motion was adopted.

Dr. Dudley offered a resolution providing for a committee to report on the so-called "interpretation" of the allopathic Code of Ethics, which, the resolution declared, was calculated to mislead and injure the public. Adopted, and the committee appointed consisted of Drs. P. Dudley, H. B. Clark, S. S. Lungren, C. E. Fisher, and A. I. Sawyer.

The Bureau of Organization, Registration, and Statistics, presented its report through Dr. A. S. Everett, of Denver, Col., chairman. The report cites the organization of the Southern Homœopathic Association, as a move in the right direction. The report shows that there are now in existence in the United States, 1 national, 3 sectional, 29 state, and 102 local societies, 21 clubs, and 6 miscellaneous organizations; 25 general, and

30 special hospitals, 50 dispensaries, 13 colleges, 2 special schools, 19 medical journals, 1083 students, and 365 graduates the present year.

Verbal reports of the status and progress of Homœopathy were offered by Dr. C. E. Fisher, of Austin, Texas. The speaker dwelt, particularly upon the organization of the Southern Homœopathic Medical Association, and declared, in emphatic terms, that its object was to work in harmony with the Institute, and never against it.

Dr. Sawyer, of Michigan, followed with some recent legislative experiences in his State, and was in turn succeeded by Dr. J. E. Sanders, of Cleveland, Ohio, Dr. Edmunds, of St. Louis, Mo., Dr. I. T. Talbot, of Boston, Mass. (who represented the oldest existing homœopathic society, organized in 1840), and Dr. H. K. Bennett, of Boston.

Dr. J. C. Sanders, of Cleveland, O., offered a resolution of encouragement and fellowship to the Southern Homœopathic Medical Association. It was seconded by Dr. O. S. Runnels, of Indianapolis. Dr. F. H. Orne, of Atlanta, Ga., gave his present views of heartiest accord with the movement, an accord prompted only by the fact that it is in full harmony with the Institute. Dr. J. P. Dake spoke to the same purpose respecting his own views of the subject. The resolution was then adopted.

Dr. M. M. Eaton, of Cincinnati, O., spoke of Florida as a field for homœopathic practitioners. Dr. Pemberton Dudley, of Philadelphia, Dr. S. P. Hedges, of Chicago, Ill., Dr. J. S. Mitchell, of Chicago, Ill., in reference to the Cook County Hospital, Dr. Wm. Von Gottschalk, of Providence, R. I., and Dr. M. J. Pearman, of St. Louis, Mo., presented brief verbal reports of homœopathic progress in their respective sections.

Adjourned to 3 o'clock, P.M.

Afternoon Session.—The Bureau of Clinical Medicine presented its report through Dr. J. P. Mills, of Chicago, Ill., Dr. A. C. Couch, the chairman, being absent.

The report included several papers on the general subject of "Blood Changes," as follows:

"A General View of the Subject," by A. S. Couch, M.D., of Fredonia, N. Y.

"Leucocythæmia and Hodgkin's Disease," by J. S. Mitchell, M.D., of Chicago, Ill.

"Blood Changes in Diseases of the Heart and Lungs," by J. W. Dowling, M.D., of N. Y.

"Progressive Pernicious Anæmia," by W. H. Dickinson, M.D., of Des Moines, Ia.

A discussion followed the presentation of the papers, participated in by Dr. J. D. Buck, of Cincinnati, O., Dr. H. C. Allen, of Grand Rapids, Mich., Dr. A. R. Wright, of Buffalo, N. Y., Dr. William Owens, of Cincinnati, O., Dr. C. A. Walton, of Hamilton, O., Dr. Wanstall, of Baltimore, Md., and Dr. J. S. Mitchell.

The Committee on Medical Education reported no papers, but Dr. H. C. Allen, the chairman, presented a verbal report on "The Relation of Preceptor to Pupil."

A discussion followed by Dr. J. C. Burgher, of Pittsburgh, Pa., Dr. Grosvenor, of Chicago, Ill., Dr. Pemberton Dudley, of Philadelphia, Dr. J. D. Buck, of Cincinnati, O., Dr. I. T. Talbot, of Boston, Mass., Dr. D. S. Smith, Dr. John E. James, of Philadelphia, Dr. R. Ludlam, of Chicago, Ill., and Dr. H. C. Allen, of Ann Arbor, Mich.

In the discussion on Medical Education, Dr. R. Ludlam, of Chicago, said that when attending the Institute and other medical societies, he has made it a rule not to participate in the discussion of certain chronic subjects, among which were the curability of ague by the higher dilutions, the use of the obstetric binder, the tying of the funis, and medical education. For it usually happens that when the members have nothing else to talk about and very little to say, they turn to these particular topics. Although he had been a medical teacher for a quarter of a century, he had never taken up the time of this Institute in the perennial debate upon medical education. But now that something practical was likely to come of it, he was impelled to speak.

Dr. Talbot had alluded very kindly and very truthfully to the Illinois State Board of Health in this direction. Having been a member of that Board ever since its organization seven years ago, he had a direct interest and responsibility in its work. He felt that it was something of which to be proud, that a Western State had taken the initiative in this matter, and that it had already accomplished so much. He was delighted that the character, dignity and influence of the American Institute were to be added to the indorsement which the Board had already received from other quarters; and was satisfied that such a move would accomplish more for the interests of a higher medical education that any amount of fault-finding either with the colleges, the professors, the preceptors, or the pupils that are sent to the schools. If this national

body will insist upon the requirements for the admission of students to the colleges, and for their instruction after they have been matriculated, first drawn up by the Illinois State Board of Health, our branch of the profession will really be elevated, and we shall be gainers.

The Board of Censors announced the names of several applicants for membership, after which the Institute adjourned till 8 P.M.

Evening Session.—The Report on Obstetrics was presented by the chairman of the Bureau, Dr. L. S. Ordway, of St. Louis. The general subject was "Dystocia," including papers entitled:

"Preparation of the Pregnant Woman with a View of Reducing Dystocia to a Minimum," by L. S. Ordway, M.D., of St. Louis, Mo.

"Conditions and Causes of Dystocia in the First Stage of Labor, and its Remedies," by C. E. Fisher, M.D., of Austin, Texas.

"Mechanical Assistance in Dystocia in the First Stage of Labor," by J. Nicholas Mitchell, M.D., of Philadelphia.

"Statistics of Pelvic Dystocia," by George B. Peck, M.D., of Providence, R. I.

(Dr. Peck drew the following conclusions from his statistics, viz.: One physician in four who practice eighteen years *may* meet a case, most likely in a woman of foreign parentage belonging to the peasantry. Diminution of the conjugate diameter and contraction of the pelvis are the most frequent causes of the trouble. Craniotomy and the forceps are the means by which most of the reported labors were terminated; version was particularly unfavorable. The treatment in any case of dystocia ascribed to disparity in size or shape between the pelvic canal and the fœtal head, should be (1) manipulation and change of the natural position; (2) forceps if available; (3) craniotomy if possible; (4) Cæsarian section or laparo-elytrotomy, with a possible substitution of one or the other for craniotomy if the accoucheur happens to be a surgeon.)

"The Use of Instruments in the Second Stage," by Dr. S. Leavitt, of Chicago, Ill.

"Placenta Prævia," by C. G. Higbee, M.D., of St. Paul, Minn.

"Dystocia on Account of Growths and Tumors," by J. C. Sanders, M.D., of Cleveland, Ohio.

"Therapeutics of Dystocia in the Second Stage," by C. H. Coggswell, M.D., of Cedar Rapids, Wis.

The papers were discussed by Drs. Grosvenor, of Chicago, Wm. Owens, of Cincinnati, P. Dudley, of Philadelphia, Edmonds, of St. Louis, Chase, of Galesburg, Ill., Phil. Porter, of Detroit, Mich., W. E. Green, of Little Rock, Ark., J. C. Sanders, of Cleveland, O., Enos, of Jerseyville, Mary J. Pearman, of St. Louis, Mo., Julia Holmes Smith, of Chicago, Buck, of Cincinnati, and Ordway, of St. Louis.

The Report of the Committee on Medical Legislation included a paper by Dr. Horace M. Paine, of Albany, N. Y.

The subject of medical legislation, so far as it relates to State license laws, was referred to the committee appointed this morning on the subject of the interpretation of the allopathic Code of Ethics.

The Board of Censors announced the application for membership of several physicians. Adjourned to Wednesday morning, at 10 o'clock.

Second Day.—*Morning Session.*—The Censors recommended and the Institute elected to membership the applicants whose names had been announced the preceding day.

The Auditing Committee made their report, which was accepted.

On motion of Dr. D. S. Smith, of Chicago, a committee, consisting of Drs. I. T. Talbot, H. C. Houghton and T. F. Allen, was appointed to select a suitable testimonial to be presented to Dr. E. M. Kellogg, the Treasurer of the Institute.

On motion of Dr. Peck, the Bureau of Obstetrics was reopened to permit the introduction of the subject of "Cæsarian Section *versus* Craniotomy," which was discussed by Dr. Lungren, of Toledo, O.

The Committee on the President's Address reported, making certain recommendations concerning the investigation into the development of drug-power by attenuation, and the production of abnormal effects on healthy organisms by high drug-attenuations, as suggested in the Address.

It was finally ordered that so much of the question as refers to the development of drug-power by pharmaceutical processes, be referred to the Bureau of Pharmacology, and that so much as refers to the production of drug-symptoms on the healthy human organism by attenuated medicines, be referred to the Committee on Provings.

Dr. A. R. Wright, of Buffalo, N. Y., presented the report of the Bureau of Microscopy, the subject being "Bacteria in their Relation to Disease," and embracing:

"Pure Cultures for Bacteria," by W. A. Haupt, M.D., of Chemnitz, Saxony.

"Results of Investigation on Koch's Tubercle Bacillus, how propagated, and the infection of healthy subjects through the dry sputa of tuberculous phthisis."

"On Fumigation of Infected Clothing with Chlorine and Bromine."

"On the Development of Anthrax Bacillus, its Culture, and Pasteur's Vaccination."

"The Ætiology of Suppuration, and the minimum Quantity of an Antiseptic required to arrest the Development of Bacteria."

"A Resumé of German Literature on the Bacillus Tuberculosis," by W. Y. Cowl, M.D., of New York City.

"Bateria in the Healthy Mouth and Throat," by John C. Morgan, M.D., of Philadelphia.

The report was discussed by S. R. Dubs, M.D., of Doylestown, Pa., J. D. Buck, M.D., of Cincinnati, J. P. Dake, M. D., of Nashville, and T. F. Allen, M.D., of New York City.

The Bureau of Ophthalmology, Otology and Laryngology reported through Dr. H. C. Houghton, chairman, the following papers:

"Hydrogen Peroxide," by Dr. Wanstall, of Baltimore, Md.

"A New Treatment of Rigidities of the Auditory Apparatus," by Dr. Bellows, of Boston, Mass.

"New Remedies and Methods of Treatment," by H. C. Houghton, M.D., of New York.

"Post-diphtheritic Paresis and Paralysis," by Jas. A. Campbell, M.D., of St. Louis, Mo.

The papers were discussed by Drs. Houghton, Terry, Owens and others. Adjourned.

Afternoon Session.—The Bureau of Sanitary Science presented its report through Dr. L. C. Grosvenor, of Chicago, in the absence of Dr. D. H. Beckwith, the chairman. The general subject of the report was "Hygiene of Infancy and Manhood," and embraced papers entitled:

"Hygiene of the Superstitious Age," by H. E. Beebe, of Sidney, Ohio.

"Hygiene of Manhood," by Chas. Dake, M.D., of Hot Springs, Ark.

"Hygiene of Infancy," by L. C. Grosvenor, M.D., of Chicago, Ill.

A discussion ensued, participated in by Drs. Dudley, of Philadelphia, J. S. Mitchell and H. C. Allen, of Ann Arbor. Dr. Grosvenor strongly recommended oatmeal gruel with an

equal part of milk, salted but not sweetened, as one of the best milk-producing foods we can obtain. The oatmeal should be cooked for a long time.

There being no member of the Bureau of Pharmacy present, its report was postponed until after the other Bureau reports shall have been presented. Adjourned till 8 P.M.

Evening Session.—Dr. Phil. Porter, of Detroit, chairman of the Bureau of Gynæcology, presented the report of that Bureau, including papers on:

"Ovarian Neuralgia," by H. R. Bennett, M.D., of Fitchburg, Mass.

"Oophoritis," by A. I. Sawyer, M.D., of Monroe, Mich.

"Ovarian Dysmenorrhœa," by Mrs. M. B. Pearman, M.D., of St. Louis, Mo.

"Ovarian Therapeutics," by Henry Minton, M.D., of New York.

"Neoplasms of the Ovary," by O. S. Runnels, M.D., of Indianapolis, Ind.

"Oophorectomy," by S. S. Lungren, M.D., of Toledo, O.

"Displacements of the Ovary," by S. P. Hedges, M.D., of Chicago, Ill.

"Ovarian Cysts," by L. A. Phillips, M.D., of Boston, Mass.

"Ovariotomy," by Phil. Porter, M.D., of Detroit, Mich.

Following this report came a discussion by Dr. M. M. Eaton, of Cincinnati, O., Dr. Van Clief, of Utica, Dr. R. Ludlam, of Chicago, and Dr. Porter, of Detroit.

Dr. Ludlam said that during the fifteen years last past, he had opened the abdominal cavity in the living subject 206 times. Of these, 192 were ovariotomies, of which 26 died and 166 recovered. 12 of the cases were cancerous, of which 12 were fatal. Double ovariotomies 4. Sixty of the cases had been tapped from 1 to 8 times each. Dr. L. does not think tapping the cysts adds any very material complication to a subsequent ovariotomy on account of adhesions. Adjourned.

THIRD DAY.—*Morning Session.*—The Board of Censors recommended the election to membership of several candidates whose names were announced yesterday, and they were so elected.

Reports were received from the Committees on Medical Literature, Dr. F. H. Orme, chairman, and on Foreign Correspondence, Dr. C. B. Knerr, chairman.

The committee, appointed on Tuesday morning, on the subject of the recent "interpretation" of the allopathic Code of Ethics, reported the following, which was unanimously adopted:

WHEREAS, The American (Allopathic) Medical Association recently adopted a so-called "interpretation" of the "consultation clause" of their code of ethics; and,

WHEREAS, Said interpretation contains statements and implications calculated to mislead the public; therefore, the American Institute of Homœopathy deems it proper to place on record the following statement:

1. The "interpretation" claims that "no article or clause in the (allopathic) code of ethics interferes with the most perfect liberty of individual opinion and practice;" yet clause 1 of article 4 explicitly forbids consultation with physicians who employ a certain mode of "practice" or "whose practice is based upon" a certain kind of "dogma" or "opinion."

2. The "interpretation" declares that the (allopathic) code "does not interdict, *under any circumstances*, the rendering of professional services whenever there is pressing or immediate need of them:" yet the same paragraph declares that "*no circumstances can* make it proper to enter into professional consultation with physicians" of a certain class or kind.

3. The "interpretation" insinuates that homœopathic physicians have "voluntarily disconnected themselves" from the mass of the medical profession by "assuming a title indicating an exclusive or sectarian system of practice." The fact is that the disconnection of homœopathists from allopathic societies, in the first place, was enforced, and not voluntary, and this, in many cases, before any special title had been assumed. Moreover, allopathists have themselves assumed an exclusive and sectarian title—that of "regular"—and this, not to enlighten the public in regard to their mode of practice, but largely to cast an implied imputation upon the professional character and status of other physicians.

4. The "interpretation" intimates that the physicians ostracised by the allopathic school "belong to a party antagonistic to the general medical profession." We reply that the antagonism between the schools began with allopathic efforts to ostracise, calumniate and otherwise persecute physicians holding different opinions, and to this day the antagonism has on our part been limited to measures necessary for self-defence.

The same committee also reported, and the Institute adopted, the following on Medical License Laws, the subject having been specially referred to them:

WHEREAS, The American Medical Association and various State Allopathic Medical Societies have made numerous attempts to obtain legal control of the profession of medicine by securing the enactment of laws creating State Licensing Boards, composed in whole or in large majority of members of the allopathic school of physicians; and

WHEREAS, The American Medical Association has recently adopted a resolution urging that steps be taken to secure such legislation in all the States of the Union, whereby allopathic physicians will secure practical control of the licensing power; therefore,

Resolved, That it is the sense of the American Institute of Homœopathy that all legislation which proposes to place the licensing of homœopathic physicians, either wholly or partially, under the control of those known to be inimical to the practice of homœopathy should be vigorously opposed in all the States.

Resolved, That the friends of homœopathy in each State, and the friends of equal rights in the several State Legislatures, are respectfully urged to use all honorable means to prevent invidious discrimination in the licensing of medical practitioners.

The report of the Bureau of Anatomy, Physiology and Pathology was then presented by the bureau chairman, Dr. Wil-

liam Owens, of Cincinnati. The papers were on the general subject of Insanity, and included:

"The Study of Insanity, Ætiology and Pathology," by William Owens, M.D.

"On the Effects of Alcoholic Beverages," by J. W. Morris, M.D., Wheeling, West Va.

"What is Insanity," by S. Lilienthal, M.D., of New York.

"Alcoholism, and its Concomitant Irritants, as a Cause of Mental Aberration," by George F. Foote, M.D., of Stamford, Conn.

The report was discussed by E. H. Pratt, M.D., of Chicago, E. P. Whipple, M.D., of Quincy, Ill., T. F. Smith, M.D., of New York, and William Owens, M.D., the chairman of the Bureau.

The Board of Directors of Drug-Provings, Dr. D. T. McGuire, of Detroit, chairman, presented its first annual report through Dr. L. Sherman, of Milwaukee, Wis. Accompanying the report were some special views set forth in a paper by Dr. A. W. Woodward, of Chicago, Ill. Dr. D. H. McGuire read, in connection with the report, a paper on "Stannum."

Discussion followed, participated in by Drs. Dake, H. C. Allen, A. W. Woodward and T. F. Allen.

The time for the election of officers having arrived, Dr. Dake moved that nominations for all the officers except the Censors be made by an informal ballot. He said such had been the method years ago, and he saw excellent reasons for returning to it. The motion was adopted without opposition, and Drs. T. F. Smith, Obetz and Hobart were appointed tellers. The following officers were elected:

President.—O. S. Runnels, M.D., of Indianapolis, Ind.

Vice-President.—Alfred I. Sawyer, M.D., of Monroe, Mich.

General Secretary.—John C. Burgher, M.D., of Pittsburgh, Pa.

Provisional Secretary.—T. M. Strong, M.D., of Ward's Island, N. Y.

Treasurer.—E. M. Kellogg, M.D., of New York.

Censors.—Drs. R. B. Rush, Salem, O., D. S. Smith, Chicago, Ill., F. H. Orme, Atlanta, Ga., A. R. Wright, Buffalo, N. Y., H. B. Clarke, New Bedford, Mass.

The committee, appointed on the first day of the session, to report on the subject of a proposed testimonial to Dr. E. M. Kellogg for his efficient and conscientious labors during the nineteen years of continuous incumbency of the Treasurership

of the Institute, reported through Dr. Talbot, of Boston, chairman of the committee.

The committee unite in the recommendation that five hundred dollars be voted to Dr. Kellogg, not as a compensation for his labors, but as a testimonial of the Institute's appreciation of and gratitude for his eminent services. The recommendation was unanimously and heartily adopted. Dr. Kellogg replied in a neat and characteristic speech.

The selection of a place of meeting for next year came next in order. Saratoga Springs, N. Y., White Sulphur Springs, Va., Cape May, N. J., and Washington, D. C., were nominated, and Saratoga Springs was chosen.

Dr. Edward S. Blake, of England, was, on motion of Dr. J. P. Dake, unanimously elected a corresponding member of the Institute. Adjourned.

Afternoon Session.—The Bureau of Materia Medica and Provings, E. A. Farrington, M.D., of Philadelphia, chairman, reported through Dr. A. C. Cowperthwaite, of Iowa City. The papers were:

"Secale Cornutum," by H. C. Allen, M.D., of Ann Arbor, Mich.

"Lycopus Virginica," by A. C. Cowperthwaite, M.D., of Iowa City, Iowa.

"Alcohol and Glonoine," by S. Lilienthal, M.D., of New York.

The report of the American Editor, Dr. J. P. Dake, as to the progress and prospects of the *Cyclopædia of Drug Pathogenesy*, was then presented. The report is as follows:

It is proper that, as your representative in the editorial corps of the *Cyclopædia of Drug Pathogenesy*, I should speak of the progress and prospects of the great work of Materia Medica revision, for which rules were formulated and adopted jointly by this body and the British Homœopathic Society.

Immediately after the adjournment at Deer Park, Dr. Hughes left for home with the understanding that the books and manuscripts, necessary for reference, should be gathered, as far as possible, in his studio, and that the entire work of condensation should be performed by him and his associates. It was also agreed that the printing should be done under his immediate supervision.

I should here remark, that with one of the most complete private libraries, bearing upon Materia Medica, and within easy reach of the great public libraries of London, Oxford and Cambridge, Dr. Hughes was most favorably situated for doing the work assigned. And not only were his circumstances favorable—his personal qualifications were fully in keeping with them. He had long devoted a thoroughly trained mind, second to none in this generation in its accumulated stores of medical knowledge, to the study and proper presentation of Materia Medica. He was familiar with the leading languages in which the literature of medicine had mostly been produced;

and he was favored with a most perfect and well-cultivated physical constitution, one equal to the severest mental effort.

Thus qualified and situated Dr. Hughes began to gather, sift and condense the narrations of drug effects. Where the application of the rules, laid down for our guidance, seemed difficult and the way was not clear, the matter was referred to me and, at times, also to our consultative committees in this country and in England.

Some slight differences of opinion have been developed, as the work has gone forward; but there has been no essential disagreement as to the matter and manner of the first section or number, as presented to the members of this society.

Dr. Hughes had manuscript copy enough ready to make the second number; but we considered it best, after delivery of the first, to await the pleasure of our national societies.

It is proposed to complete numbers two and three during the current year.

The editorial work being done without adding to the cost of the publication, the volume, consisting of four numbers, could be furnished at about two dollars and fifty cents, or half a pound each. So far as printed, the work is stereotyped.

The editors have regarded the publication as virtually the property of the American Institute and the British Homœopathic Society.

We now ask your pleasure. Shall we go on, as we have begun, as your willing servants in this matter?

If we go on, how shall the cost of the publication be provided for?

At this point I desire to say, in answer to some comments that may be made, that this work differs from all other medical publications in several respects, and is of such a peculiar character as to entitle it to society support and guardianship.

1. Its plan and the rules for its production were formed and promulgated by this national organization and the British Homœopathic Society.

2. Its editors and consultative committees were appointed by the same bodies.

3. Its editors and printers have no moneyed interest in it beyond the sums advanced for composition, paper, press-work and postage.

4. It stands, in relation to other publications in medicine, very much as the Bible does among other Christian books, a common source of light to every medical writer, teacher and practitioner.

5. Its purity, its reliability, and the safety as well as success of those who in any way depend upon its teachings, should not be in the keeping or ownership of any individual author or publisher.

6. Its cost to the profession, issued as begun, would be about one-half what the price would be if issued by, or in the interest of any individual or publishing firm.

The bare mention of these several points of comparison must convince any candid mind that the claims of this work upon society recognition and control, are very different from those of any other work.

As to what may be the fate of the *Cyclopædia*, in case society support is not continued, I am not prepared to say. If the undertaking should be dropped, it is the loss of the profession, not of Dr. Hughes or myself, nor of our committees. We are no more dependent upon the purity of the Materia Medica than is each writer and teacher and practitioner of homœopathy.

If the work goes on as begun, and results in four or five volumes, made up of facts in drug-pathogenesy, symptoms safely referable to the respective drugs brought forward, each member of the profession will be as much a gainer as Dr. Hughes or myself, save that many thanks would be due to the English editor.

The questions we would present for your consideration, to-day, are these:

1. Do you wish the work continued?
2. To what extent are you willing to assume its financial support?

If the subscription for a copy of the next three numbers, necessary to make a volume, for each member of the Institute, be too heavy, a subscription may be made for four or five hundred copies, deliverable only to such members as pay the cost-price to the treasurer of the Institute. Such a guarantee on the part of the Institute, and a similar one from the British society, would enable Dr. Hughes to go right on with the work.

In conclusion, I would say that, so far as I am individually concerned, I ask nothing for the *Cyclopædia*. It is true, I have, for many years, talked and written upon the faulty methods of drug-proving, and endeavored to point out the sad results, the dangers arising from the gathering and constant republication of spurious symptoms.

I have labored for the revision and sifting of symptoms as well as the reproving of drugs; but never with the expectation of finding myself put forward as an editor or author. If this Institute shall decide to abandon its own great work, and Dr. Hughes concludes to drop it, or is willing to conduct it without an American associate, I shall feel relieved of a very grave responsibility as well as considerable gratuitous literary work.

Dr. I. T. Talbot offered a resolution to the effect, that, whereas the work of revision had been faithfully and satisfactorily begun, as shown in the first number issued, therefore, resolved that the Institute, deeming it inexpedient to assume the proprietorship of the *Cyclopædia*, in connection with the British Homœopathic Society, will make a subscription for four hundred copies, allowing the members to have the same at actual cost. The resolution was adopted after some discussion.

The Bureau of Surgery, Dr. W. T. Helmuth, chairman, then reported on the "Surgical Diseases of the Testes," a paper on the subject being read by Dr. I. T. Talbot, of Boston, Mass.

The discussion of the subject was eminently practical in character, and was carried on by Drs. M. O. Terry, of Utica, N. Y., J. E. James, of Philadelphia, H. L. Obetz, of Ann Arbor, Mich., E. C. Franklin, of St. Louis, and others.

The *Evening Session* was devoted to the Banquet provided by the physicians of St. Louis in the large dining-room of the hotel. Over two hundred persons sat down to the repast. Dr. A. S. Everett, of Denver, Col., officiated as toast-master, and the speech-making was kept up till a late hour.

Fourth Day.—The Board of Censors presented their final report, and the applicants recommended were elected.

The Report on Psychological Medicine was presented by Dr. J. D. Buck, of Cincinnati, O., the general subject being "Exercise and its Relation to Mental Health."

Dr. W. E. Green, of Little Rock, Ark., presented the re-

port on Pædology, including several papers, by Drs. Green, Chapman, Tooker, and others.

The usual Memorial Service in honor of deceased members followed next in order, and after the adoption of the usual resolutions of thanks, and the transaction of some new business, the session was finally adjourned.

[The composition of the Committees and Bureaus will be given next month.—Eds.]

SOME CHARACTERISTIC INDICATIONS IN EPISTAXIS.

TRANSLATED BY H. F. IVINS, M.D.

Accompanying Symptoms.

Millefol.: Together with congestion of the chest cavity. *Carbo veg.:* With paleness of the face. *Coffea:* With heaviness in the head. *Paris quad.:* Sensation as though the eye were drawn, by means of a thread, towards the centre of the head. Marked congestion at the root of the nose. *Coccus cacti:* With whooping-cough and severe sneezing. *Conium:* Blood in small drops and of a dark color, in old persons.

Symptoms relieved by Hæmorrhage.

Brom.: Chest and eye symptoms better from bleeding. *Bufo.:* Headache better (also Magn. s. and Merc.). *Cham.:* Confusion of thoughts improved. *Hamamelis:* Bleeding from ears and nose improves the head symptoms. *Petroleum:* Moderate nasal hæmorrhage improves the headache.

Aggravation, etc., from Bleeding.

Borax: Headache worse from bleeding. *Phos. acid:* Epistaxis in typhus fever without relief. *Crocus sat.:* Hæmorrhages destroy the health of the child; (despair), dark blood; daily epistaxis in warm weather; nose bleeds easily; blood is hot, thick and black.

General.

Coffea: Blood starting suddenly; very watery. *Oleum jecoris:* Bleeding from stooping, with amenorrhœa. *Nat. mur.:* Frequent epistaxis at night, brought on by stooping. *Rhus glabra:* Hæmorrhage from left nostril and mouth. *Corall.:* Bleeding every night (also Nat. mur.). *Coccus cacti:* Nasal hæmorrhage after sneezing—during whooping-cough. *Merc.:* Epistaxis during a coryza or at 10 A.M. accompanied by bleeding from the ear.—*Allgemeine Hom. Zeit.*

THE

HAHNEMANNIAN

MONTHLY.

A HOMŒOPATHIC JOURNAL OF

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Editors,

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☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE HISTORY OF GLONOIN AS A REMEDY.—Glonoin was first suggested as a remedy by Dr. Hering, who made provings of the drug in 1846. Further provings were reported by Dr. Dudgeon in the *British Journal of Homœopathy* in 1853. Dr. Hering suggested the use of the remedy in cases of congestive headache associated with suppression of the menstrual flow, and in carditis and pericarditis. In 1858, its properties became accidentally known to Mr. Field, of Brighton. The symptoms noticed by him to follow its use, gave forth nothing that was new to the early homœopathic investigators of the effects of the drug. He published his observations in the London *Medical Times and Gazette*. Dr. George Harley, of University College, London, and Dr. Fuller, of St. George's Hospital, following the line of investigation started in the allopathic ranks by Mr. Field, the former of these gentlemen noticed only slight uncomfortable sensations in the head, following the taking of 199½ drops of the 1 per cent. solution. Dr. Fuller experienced a clammy perspiration, intermittent pulse and an increase of fulness about the head after the ingestion of fifty

drops. Mr. Field's observations were afterwards confirmed by Mr. F. A. James, a student of University College. Dr. Alfred Swayne Taylor, the celebrated toxicologist, writing in 1875, speaks of poisoning occurring after taking "some ounces" of the drug. He also refers to the observations of Merrick, who had known intense headache to follow the inhalation of the vapor of the fluid. Other observers were inclined to regard nitro-glycerin as inert. "Some support has been given to this opinion," says Taylor, "by the fact that it has been used by homœopathists under the name of glonoin, and the effects said to have been produced by infinitesimal doses are of so marvellous a character as to justify utter incredulity." Dr. Lauder Brunton in 1876 recommended glonoin or nitro-glycerin as useful in almost all heart diseases, particularly in angina pectoris, also in weak, dilated, and fatty hearts. In 1879, Dr. William Murrell published a paper on "Nitro-glycerin as a remedy in angina pectoris." It appeared in the London *Lancet* for January and February. He reported three cases of the disease treated during the preceding nine months in which the exhibition of the drug was followed by wonderful curative results. It was in the same year that we find the first formal mention of the drug as a remedy in angina pectoris by a homœopathic authority. Kafka, in the *Revue Homœopathique Belge*, says that for several years, he had given belladonna and glonoin concurrently with partial benefit, but afterwards he used aurum, glonoin being given with it at times to prevent the system from getting accustomed to the former drug. That glonoin ought to be a remedy useful in *some* cases of angina pectoris is evident from the following taken from its symptomatology.

"Dyspnœa; oppression of the chest; pain in chest like tension with frequent inclination to deep respiration; contraction of the chest as if chains were being placed around it, and tightened more and more; constriction and oppression of the chest with perceptible palpitation; constriction of the chest as if it were screwed together; sharp stitches in the region of the heart; great anxiety in the region of the heart; shocks in the heart, with pricking pains in the hands and arms; when stooping stitching pains in the heart so violent that he feared to bend forwards."

Hering's *Condensed Materia Medica* issued in 1877, and Lippe's *Materia Medica* published in 1866, besides giving most of the cardiac symptoms enumerated above, also make mention of the occurrence of epileptiform convulsions with cerebral congestion in the provings of the drug. Raue in 1867 (*Special Pathology and Diagnostics*) gives glonoin as *one of the* remedies for epilepsy. On October 4th, 1881, Dr. William

A. Hammond read a paper before the New York Neurological Society "On Some of the Therapeutical Uses of Nitro-glycerin." In that paper, he stated his preference for Boericke & Tafel's preparation of glonoin as being the most reliable. He purchased the 1ˣ dilution which he still further reduced to make a 1 per cent. solution. He advised the use of the drug in migraine, epilepsy and angina pectoris.

The *Medical News* (April 15th, 1882) gives an editorial review of nitro-glycerin as a remedy. The writer says, that the applications of nitro-glycerin to the treatment of disease are directly deducible from the physiological study—another proof, if more were needed, of the value of the physiological method.

In a letter bearing date of April 24th, 1882, Dr. Allan McLane Hamilton stated that nitro-glycerin is not a new remedy, and that "articles detailing its physiological effects were written *as far back as* 1855" [italics ours]. He claims priority in suggesting its use in the treatment "of epilepsy and migraine in appreciable doses," in 1876. *He claims to have presented the same year the formula for the centesimal alcoholic solution* which has since been employed. Was there ever such effrontery?

Recently, Dr. Roberts Bartholow has recommended nitro-glycerin in the treatment of albuminuria. Going back to Hering's *Condensed Materia Medica* (1877), we read under the Symptomatology of Glonoinum (page 388) "urine abundant, highly albuminous; must rise often at night to pass it."

At the meeting of the Académie de Médecine of Paris, on Tuesday, May 19th, 1885, Dr. Murrell was awarded a prize for his discovery of nitro-glycerin as *a* remedy for angina pectoris. This prize was founded by Baron Berbier for the encouragement of pharmacology and therapeutics, and is to be conferred on those who have discovered a means of curing or alleviating diseases which are usually regarded as being beyond the range of medicinal treatment. We do not know that it has ever been conferred on a homœopath.

The Insitute Meeting at St. Louis was not in all respects so satisfactory as some of the sessions we have attended in previous years. There was, however, about the attendance one very gratifying feature, namely, the presence of so large a proportion of physicians from the southwestern States, and their interested participation in all the Institute's proceedings. So near as we could estimate, the aggregate attendance was

about one hundred and twenty-five. The most important point in the President's Address was the recommendation that the Institute's powers and skill be employed for a time in a systematic and scientific endeavor to decide, by crucial experimentation, the vexed questions of dynamization, and of the symptom-producing power of the higher attenuations. It was evidently the President's wish to have these questions, if possible, disposed of finally, not for the purpose of supporting his own or any one else's opinions, but in order that future observation and experiment may proceed upon a firmly established and acknowledged basis of demonstrated fact. Only thus can the homœopathic school hope to be finally united and harmonious; only thus can its doctrines command the indorsement and enforce the respect of scientific men.

The report on the subject of the *Cyclopædia of Drug Pathogenesy* was received with a great deal of interest, as might have been expected. The disposition of the subject made by the Institute was certainly a judicious one. This action simply guarantees the immediate sale of four hundred copies of the work, and thus enables the British Homœopathic Society, under the leadership of Dr. Hughes, to assume the ownership of the work without danger of loss—a better method, it would seem, than the plan of a divided ownership and an equally divided responsibility. It must not be supposed, however,—at least we do not so understand it—that the editorial supervision of the work is in any respect altered. The same well-known editors and committees will continue the work as they began it. To those who comprehend the object of the two great societies in this revision and republication of drug-effects, the work so far as now issued should prove eminently satisfactory. However, as has been said by one of those engaged upon the work—"to those who become impatient unless in every case they can place a finger on the very drug and on the exact key-note symptom needed, the Cyclopædia may not prove satisfactory. But let such wait with patience for the *index* which is to appear at the end of the volume."

The society very promptly and, we think, very effectively disposed of the mischief-making "interpretation" of the code of ethics adopted at the last meeting of the American Medical Association. The Institute's reply to the strange statements and innuendoes of the "interpretation" is clear, terse, straightforward and dignified, and goes straight to the heart of the subject. Honest allopaths who, through ignorance of the facts, were induced to vote for the "interpretation," must

have been amazed when the real truth of the matter was thus placed before them. Another judicious resolution passed by the Institute was one giving expression to its views respecting State Licensing Boards. Under the recommendation thus given us, our motto throughout the United States should be "No more licensing powers conferred exclusively upon any one school, and no more mixed boards." None but educated homœopathists are competent to examine and license a homœopathist.

Some of the papers were of good quality, but the number of this class was much smaller, proportionately, than usual. Neither did the discussions, in most departments, come quite up to the standard ordinarily attained. And while we are at the business of fault-finding we wish to say also that the number of new members admitted, while somewhat greater than last year, was yet entirely too small.

The local committee, representing the homœopathic physicians of St. Louis, were in no wise lax in their efforts to add to the comfort and enjoyment of the visiting members. In one or two respects, however, they were unfortunate. The apartment in which the meetings were held was so intolerably noisy that the biggest-throated member could not at times be heard half-way across the room. It has long been understood that the members as a rule prefer to have the sessions held in the hotel at which they are stopping. The committee simply acted on this knowledge, and are therefore not to be reflected upon for having made an unfortunate selection. It is a good rule for a quiet pleasure-resort, but scarcely so for a busy city like St. Louis. The committeemen were also unfortunate in their estimate of the number likely to be present at the banquet; so that the money so generously expended for the pleasure of the members was more than half of it thrown away on unoccupied "plates." Had the funds been all expended on the seats actually occupied, the banquet would have been equal to the majority of institute "spreads." Then the speeches—and that was not the committee's fault either—were, all except two or three, entirely too long. We ought to have a "five-minute rule" here also.

Institute Politics.—At the recent Institute meeting there was a good deal of unfavorable comment and conversation respecting the wire-pulling, and the button-holing of members, to secure votes for certain candidates for the places of honor in the organization, and it was more than merely hinted at that means of a not very reputable character were employed to secure

the election of some of them. From the time the members began to arrive they were "approached" on the subject, many of them before they had time to wash off the railway-dust, and at least one member, to our knowledge, before he had succeeded in getting into the hotel. The use of both falsehood and whiskey, it is alleged, was quite openly resorted to; a systematic canvass of the entire Institute was made, and all the evidences of a small-sized political campaign—except the bar-room fights—were everywhere present. Most of the older members—and many of the younger ones too—regarded the scene with mortification and amazement, and predicted that if such was to be the custom hereafter, the speedy downfall of the organization was assured.

There are men in the American Institute of Homœopathy—a number of them—to whom its highest office can bring no additional honor. For many long toilsome years they have wrought steadily, intelligently, perseveringly, successfully, not to seek places of honor and trust in its councils, but to increase its usefulness and influence. We can scarcely compliment them by our suffrages, but we can honor ourselves by showing that we are intelligent enough to appreciate faithful, wise, and long-continued service. We allude not to any one man, but to a half-a-score of them. Yet these men would be exceedingly averse to accepting any high position which could be reached only through the muck and slime of a disreputable partisan campaign; and the situation in which certain of these gentlemen unexpectedly found themselves placed at the recent meeting, was evidently repugnant to them.

In an organization devoted to scientific pursuits, the places of honor should be filled only by men whose ability and whose services to the organization are so generally acknowledged, that the members come naturally to *expect* their elevation to such positions. The friends of a "candidate" should remember, too, that the employment of the methods of the local politician amounts to a confession that, in their opinion, the candidate's merits are not sufficient to secure his election,—a tacit admission that he is not worthy of the position in which his friends seek to place him. There is no valid reason why any of the more prominent members of the Institute should be made the subjects of such a doubtful compliment; and at any rate the future good of the organization requires that such questionable methods of securing the election of its officers should be at once abandoned. It is no pleasure to write about these things, and it is to be hoped that members of the Institute may never again find it necessary to allude to the subject.

Decease of Professor Guernsey.—At seven o'clock on Saturday morning, June 27th, Dr. Henry N. Guernsey closed his distinguished earthly career and entered into his rest. An extended sketch of his life and labors will appear in the next issue of this journal.

Notes and Comments.

The Post-graduate Course in Jefferson Medical College, says the Philadelphia *Medical Times*, has been discontinued.

Virchow's Archives has reached its one hundredth volume, the publication having been begun thirty-eight years ago. It now issues four volumes per annum.

The State Board of Medical Examiners for the State of New York is not even yet an accomplished fact. A bill before the legislature to provide for such a board has again failed of enactment. Let no bill pass unless it provides for a separate board, with full powers, for each school of practice.

A New German Homœopathic Journal.—The Hahnemannian Monthly now numbers amongst its exchanges the "Homöopathische Monatsblätter," a monthly journal (published in Stuttgart) devoted to the interests of Homœopathy throughout Germany. We hope—from time to time—to make extracts and translations from its valuable pages.

Medical Examiners for Massachusetts.—The Legislature of Massachusetts is being urged to pass a bill, now before it, providing for a State Board of Examiners, consisting of nine members, "not more than four of whom are to belong to the same medical society or school of medicine." The approval of at least *five* members is requisite to the issuing of a license.

Dr. Ferrán's Experiments with cholera inoculation seem to be attracting a large share of public and professional notice. Judging by reports in the medical journals and newspapers of England, France, and Spain, it would appear that his process, while not securing perfect immunity against the malady, does greatly diminish both its prevalence and its virulence. More exact data, however, must be furnished before the real value of the procedure can be determined. Its virtues, if it has any, are, of course, neither homœopathic nor allopathic, but prophylactic.

The Coming Scientific (?) Folly in the treatment of typhoid fevers is to consist of the inunction of 90 grains of rancid Mercurial ointment per day, and the administration of 30 grains of Calomel and 3 grains of Opium per day, with full doses of Alcohol. This treatment is to be carried out for six days, and within ten days after the beginning of the fever. In eighty per cent. of the cases so treated the temperature two days later falls nearly or quite to the normal—just as it probably would do if the patient were let alone. What becomes of the remaining twenty per cent. of the cases we do not know. But perhaps it is not material. Dr. Oliver Wendell Holmes's saying that medical science (he meant allopathy) progresses in a circle, seems about to receive still another confirmation. The dethroned King Calomel is to be restored to his ancient realm—for a season and time.

New Publications.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY. Authors and Subjects. Vol. V. Flaccus–Hearth. Washington: Government Printing-office. 1884.

This volume brings up the totals as follows: Author-titles 50,986, representing 30,720 volumes and 40,075 pamphlets; also 49,552 book and pamphlet titles, and 183,864 titles of articles in periodicals. Let the good work of indexing this vast library go steadily forward. D.

HUMAN OSTEOLOGY, Comprising a Description of the Bones, with Delineations of the Attachments of the Muscles, the General and Microscopic Structure of Bone and its Development. By Luther Holden, assisted by James Shuster, F.R.C.S., M.A., M.B. Cantab., etc. With numerous illustrations. Sixth Edition. New York: William Wood & Co. 1885. Octavo, pp. 286.

The title-page description, coupled with the name of Luther Holden, constitutes a better recommendation of this book than any we can write. But we wish to add that the illustrations, numbering about 225, are so designed as to show their osseous, muscular, vascular, and other relations at a glance, making the book one of the best additions to the physician's library that we know of. D.

KIRKES' HAND-BOOK OF PHYSIOLOGY. Edited by W. Morant Baker, F.R.C.S., and Vincent Dormer Harris, M.D. Eleventh Edition, with nearly 500 illustrations. Volumes I. and II. New York: William Wood & Co. 1885. Octavo, pp. 383 and 386.

This American two-volumed edition of Kirkes' well-known work is handsomely printed and bound, and fully up to the latest developments in the science of which it treats. The illustrations are well selected and will be found very helpful to the student in his efforts to comprehend and master even the most intricate portions of the subject. D.

A TREATISE ON THE DECLINE OF MANHOOD. By A. E. Small, M.D. Third Edition, revised and enlarged. Chicago: Duncan Brothers. 1885.

The first edition of this little manual is already well known. In preparing the present edition, the text has been thoroughly revised and new matter has been added. B.

LARYNGOSCOPY AND RHINOSCOPY IN THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT AND NOSE. By Prosser James, M.D., London. Fourth Edition, enlarged. Illustrated with hand-colored plates. 219 pp. New York: William Wood & Co. 1885.

This work—many years out of print—has been much enlarged and improved. It was written by one of the oldest living laryngoscopists, and deserves more than a passing notice here.

Its style is quite original. While it is concise and very complete in many

respects, some points of importance bearing upon the subjects treated have been entirely left out.

If the claims to priority—in many directions—which the author puts forth can be substantiated, we must admit that the writers have not been just in these respects. We need cite but one well-known instance, in which he says, in speaking of certain advantages of special nasal specula: "To meet such cases Messrs. Maw, many years ago, made for me a dilator, on the principles of the eyelid retractor, in which, by means of a screw, the degree of dilatation can be exactly graduated. The one commonly sold as Fränkel's is constructed in the same way." All through the book Dr. James has preferred the spelling "Cucaine" to our usual way "Cocaine." As to the wood-cuts, we regret to say that they are not universally well executed; while the five (5) colored plates at the end of the book cannot be said to do justice to the rest of the work.

The I. chapter is devoted to the apparatus used in the practice of laryngoscopy from its earliest date. The II. to the "Practice of Laryngoscopy." The III. to the "Laryngeal Image." The IV. "Difficulties and Obstacles." This chapter contains many useful and practical hints with reference to overcoming obstructions in the way of the accomplishment of the art, but some, again, with which we cannot agree. V. "Theory of Laryngoscopy." VI. "The Laryngeal Image—its Parts;" being substantially a completion of the IVth chapter, and setting forth this branch more fully than is customary in such books. VII. "Auto-laryngoscopy." The most complete consideration of this branch of laryngology with which we are acquainted. VIII. "Rhinoscopy." IX. "History of Laryngoscopy." With the exception of Mr. Mackenzie's almost unobtainable "Use of the Laryngoscope" and John Schnitzler's "Uber Laryngoskopie und Rhinoskopie" we know of nothing so complete in this direction. X. "Laryngoscopal Diagnosis." This chapter treats of the subject in a general way only, *e. g.*, with reference to "changes of color, changes of form, decrease of substance," etc. XI. "Laryngoscopal Therapeutics," being "Principles of General Therapeutics applicable to the Treatment of Diseases of the Throat." XII. "Laryngoscopal Operations." This is *chiefly* a description of the instruments applicable in such operations. XIII. "Accessory Throat Therapeutics," *e. g.*, gargles, sprays, etc.

Any one desiring a general idea of the subjects referred to, without regard to special diagnosis or treatment of diseases, or of the anatomy or physiology of the vocal apparatus, can scarcely do better than read this book.

H. F. I.

PROGRESSIVE MEDICINE, A SCIENTIFIC AND PRACTICAL TREATISE ON DISEASES OF THE DIGESTIVE ORGANS AND THE COMPLICATIONS ARISING THEREFROM. By Ciro de Suzzara Verdi, M.D. Philadelphia. F. E. Boericke. 1885.

Had we the privilege of assigning a title to Dr. Verdi's book, "Progressive Medicine" is the last one which we would have selected, as we regard

the teachings of the author a step backwards, rather than one forwards. Throughout the book, reports of cases are given "as proofs of the success of progressive medicine," *i. e.*, progressive medicine as understood by Dr. Verdi. The cases are without practical value, for so rarely have they been treated by a single remedy, and so frequently by many, that it is impossible for the reader to judge which medicine should receive credit for making the cure. The pharmaceutical nomenclature in use by allopaths is used in preference to that of our own school. Whether that is an improvement or not, we leave our readers to decide. We must confess ourselves puzzled over the following passage from the author's preface: "It is needless to remark that he who dares to differ and predicate new discoveries or new thoughts, must be ready to meet fearlessly the indignation and contempt of those who think that there is nothing beyond what they know and teach daily." We fail to find any "new discoveries" or "new thoughts" in Dr. V.'s book. We cannot, therefore, see the necessity of his "daring" to pose as a medical martyr. But stop. We have not noted a rather novel prescription, given on page 116. For a case there described, the author ordered to be administered a medicine prepared by dissolving Pepsin (℥ij.) and dilute Hydrochloric acid (℥ij.) in boiling water, Aqua bullientis (℥ij.). If the digestive properties of the Pepsin have been retained after exposure to a temperature of 212°, we have learned something new. Bullientis is mispelled throughout the book. In one place Lactucarium is "lectucarium," in still another "lactucasia," and Baryta is "barita."

The author evidently makes a distinction between ordinary drinking-water (Aqua font.) and distilled water (Aqua destillata), for on page 168 he gives the following prescriptions:

℞. Pulsatilla, 3–dec. gutt., . xii. Aqua font., ... ℥iij.	℞. Bryonia alb. 3–dec. gutt., . xii. Aqua distill., ... ℥ij.

Now, if there is any reason why Pulsatilla may be mixed with ordinary drinking-water (from a river no better than the Schuylkill, it may be), while Bryonia requires distilled water, we are painfully unaware of its existence. Purity ought to be as essential in one case as the other.

On page 229 we read the following prescriptions:

℞. Natrum Phos., 3–dec. grs., xxx. M. Chart., xv.,	℞. Belladonna, 3–dec. gutt., . xii. Aqua fort., ... ℥ij.

To be taken alternately every two hours.

In the second prescription "Aqua fort." occurs. Does the author mean "Aqua fortis"? Nitric acid? Surely twelve drops of Belladonna 3ˣ could possess no medicinal virtue after such treatment! And what of the poor victim who took the "mess" in doses not mentioned by the writer of the prescriptions? Wonder of wonders! He improved on it! If by Aqua fort. the author does not mean Aqua fortis he should have written out the name in full to prevent mistakes. This patient finally recovered after taking Belladonna 1ˣ, "Barita" mur. 3ˣ, Natrum phos. 3ˣ, Belladonna 3ˣ,

Pulsatilla 3x, Merc. sol. 3x, Bismuth subnitr. 3x, Calc. "phosph." 3x, Liquor potass-arsen. 3x, Capsicum 5x, Ferrum peroxyd, 3x, Aurum 6x, Magnesia phosph. 3x, Kali chloras 3x. The patient "*progressed*" from one remedy to the other and then "got well."

We could call attention to many other errors in the book which are, we trust, the result of careless proof-reading rather than ignorance, *e. g.*, "enchephaloid" "hyperaestaesia" and "cervicle glands." We would also observe that at times the author's mode of expression is vague, *very vague, indeed.*

Throughout, the book gives evidence of haste and carelessness in its preparation. We are sorry for the credit of homœopathy that it ever saw the light of day. B.

Gleanings.

Kola.—Dr. Leon Ernest Monnet, from his studies of the physiological action of Kola, concludes: 1. That by the caffeine and theobromine which it contains, Kola is a tonic of the heart, whose pulsations it accelerates, while it increases their power and regulates their contractions. 2. In the second phase of its action, it becomes, like Digitalis, a regulator to the pulse, whose energy it raises; under its influence the pulsations become more ample and less numerous. 3. As a result of its effect on the vascular tension diuresis augments, and this fact renders it valuable in affections of the heart with dropsy. 4. Kola, while energizing the cardiac contractions and promoting the contractility of the muscles of organic life, has, nevertheless, a paralyzing influence on the striped muscles when employed in toxic doses. 5. It is a waste restrainer, diminishing the losses of the economy from the combustion of the azotized compounds; probably from a special action on the nervous system. 6. It is a powerful tonic by the principles which it contains, and its employment is indicated in anæmias, in chronic affections of a debilitating character, and in convalescence from grave fevers. 7. It favors digestion, probably by augmenting the gastric juice, and by acting on the unstriped muscles of the stomach, which it tonifies. Under its influence anorexia disappears, and the digestive functions become more regular. 8. Lastly, it is an anti-diarrhœic medicament of great value, and, as such, has rendered good service in chronic diarrhœa, and in certain cases of sporadic cholera.—*Therapeutic Gazette,* April 15th, 1885.

Influence of Vapors of Bisulphide of Carbon and Chloride of Sulphur on Vision and the General Health.—The manufacture of india-rubber by Parke's process is, admittedly, the one most prejudicial to the health of the operators. Out of thirty-three cases of poisoning thus produced, Mr. Adam Frost states that in twenty-four there was some affection of vision. The amblyopia was never an isolated symptom, and never occurred without well-marked toxic phenomena. In most of the cases which were seen by oculists, decided changes were seen in the optic disks; in the earlier stages, haziness and other signs of optic neuritis; in the later stages, some degree of atrophy or pallor. In some, central defect of the field was found, but this had not been carefully examined, except in a very few instances.—*Therapeutic Gazette,* April 15th, 1885.

Treatment of Strangulated Hernia.—Mr. Howard Marsh contends that a number of severe cases of strangulated hernia are now lost which

would recover if the gut, instead of being returned, were opened *in situ*. In these cases, death sometimes occurs from rupture of the gut at the moment of reduction, or after its return; in some instances the intestine, though seemingly not much damaged, becomes gangrenous after its return; in some, the septic discharge poured out by the inflamed intestine produces peritonitis; and, in some again, the strangulated loop never recovers its peristalsis, and leads to obstruction. In case the false anus is established, it is to be remembered that many fæcal fistulæ after hernia spontaneously close. When non-closure occurs, it is no doubt due to the "éperon" or "spur," so well described by Dupuytren. This surgeon invented an enterotome for destroying the spur, but it gradually fell into disuse. Mr. Marsh, however, believes it to be a valuable instrument, of course requiring care in its use. The chief points in using the enterotome appear to be that its blades should be closed upon the spur very gradually, and that, if the spur be very prominent, it should not be destroyed all at once, but by two, or even three, operations. Should it be necessary to enlarge the external wound, when it has partially closed, in order to secure room for the safe introduction of the enterotome, to which the finger passed into the gut must serve as a guide, this may be done efficiently and without causing pain by the use of sponge tents, and thus any danger of opening the peritoneal cavity is avoided.—*British Medical Journal*, April 18th, 1885.

Cure of Aneurism of Abdominal Aorta.—Mr. R. W. Parker communicated to the Royal Medical and Chirurgical Society the report of a case of aneurism of the abdominal aorta. The patient was placed under the influence of chloroform, and compression of the abdominal aorta just above and to the left of the umbilicus was kept up four hours and three-quarters with Carte's tourniquet. The patient did well for seven days after the operation, when persistent vomiting of a dark grumous material set in, and three days later the patient died. Autopsy showed the aneurism to have been cured, but two feet of the jejunum were gangrenous.—*British Medical Journal*, April 18th, 1885.

Acute General Peritonitis following the Tapping of a Congenital Hydrocele of the Cord.—Poland reports the case of a child who, at birth, had a tumor. This slowly increased in size. The boy was admitted to the hospital with acute general peritonitis, following a tapping done three days before. At the autopsy the peritoneum was found full of pus. There were five communications between the general cavity and the hydrocele sac. Its walls were shaggy from lymph, and contained sero-pus, like the peritoneum. The partition between the tunica vaginalis and the sac was firm. The former showed no signs whatever of inflammation. The hydrocele extended upward two and a half inches into the external abdominal ring. It was constricted at its upper orifice (the internal abdominal ring) to a diameter of one-eighth of an inch.—*Arch. Pediatrics*, April 15th, 1885.

Dissociation of the Auricular and Ventricular Movements of the Heart.—Professor A. Chauveau reports in the *Revue de Médecine*, a very unique and striking case. It was that of a man, a patient in the service of Professor Boudet, who had a radial pulse of only twenty-one to twenty-four beats per minute upon auscultation, and by means of sphygmographic tracings it was found that, while the ventricles beat only twenty-one to twenty-four times per minute, the auricles pulsated sixty-six times. These auricular pulsations were quite regular, but were perfectly independent of the ventricular rhythm, being sometimes pre-systolic, sometimes post-systolic. Chauveau adds the result of his investigations as to the pathogeny of this condition. By cutting one of the pneumogastric nerves

in a horse, he obtained some dissociation in auricular and ventricular movements. But by slightly stimulating by a galvanic current the left vagus, he obtained a sphygmographic tracing of dissociated rhythm which almost completely resembled that of his patient. The inference is, that a slight irritation of the vagus is a cause of the dissociated movements. The case throws light, therefore, upon the pathology of dissociated rhythm of other types than the unique one here described.—*Journ. of the Amer. Med. Association*, April 18th, 1885.

A Method for the Production of Local Extension in the Treatment of Fractures.—Dr. Charles F. Stillman has devised an apparatus for the production of local extension in cases of fracture. It may be described as follows: As an illustration of this method, we will suppose an instance in which the fracture has taken place midway between the wrist and elbow. The requisites are: first, two stout wooden splints, notched at each end; second, some strong moleskin plaster; and third, some strong webbing strips. First cut four strips of the moleskin plaster of sufficient length to encircle the arm, and from two to three inches in width. These should be cut fan shaped, and have a strip of the webbing sewed to each of them. To the end of two of these strips buckles should be attached. To apply the splint, the four adhesive strips should be placed upon the forearm, two above and two below the seat of fracture, and on opposite sides of the arm, the extremities interlacing, care being taken to avoid covering the seat of fracture. The wooden splints are now to be placed one on either side of the arm, and held there in position by circular strips of adhesive plaster in the usual manner. The next step consists in drawing the webbing strips through the notches at the end of the splints on each side of the arm and buckling them together. It will be readily seen that the tighter these linear straps are drawn together and secured by the buckles, the more stretch will be produced in the parts over the seat of fracture. If the fracture is near a joint, the splints must be carried beyond that joint sufficiently to immobilize it, but if in the middle of a shaft fixation of the joint is not a necessity if the local stretching is thoroughly effected. For fracture of the thigh, four splints will be necessary, and eight fan-shaped moleskin strips.—*Medical Record*, April 18th, 1885.

Pseudo-Paralysis Produced by Carbonic Oxide Gas.—At a meeting of the Royal Academy of Medicine of Torino, Professor Morselli presented a communication from Dr. Giuseppe Musso, on a new form of general pseudo-paralysis, by slow poisoning by carbonic oxide. All the forms of pseudo-paralysis hitherto recognized, are due to the effect of alcohol, lead, or syphilis, but Dr. Musso now shows that general pseudo-paralysis may be developed by the incomplete combustion of carbonaceous substances in confined and illy-ventilated apartments.—*Medical News*, April 25th, 1885.

Treatment of Hæmorrhage after Operations on the Rectum.—Mr. Samuel Benton brings to the notice of the profession a useful instrument for checking hæmorrhage after rectal operations. It consists essentially of a piece of catheter tubing surrounded by a bag of thin rubber. When introduced into the rectum, the rubber bag is inflated to any extent required, and so a considerable amount of pressure can be brought to bear on the bleeding surface in the same way that a similar apparatus is used for the relief of epistaxis. Mr. Benton's bag is constricted in the middle (like a Barnes's bag) so that the amount of pressure on the sphincter will not be too severe. The catheter tube, by allowing the escape of flatus, contributes much to the comfort of the patient. The inventor considers that, in addition to its use as a hæmostatic, it will prove serviceable in the treatment of some rectal diseases where even pressure is indicated, as in non-malignant strictures of the rectum.—*Annals of Surgery*, April, 1885.

The Treatment of Gonorrhœal Epididymitis by the Application of Clay to the Scrotum.—In Russia, clay is a popular remedy for allaying fever when mixed with vinegar. It has also been employed in hysteria and in cases of aneurism. Dr. Loncachevitch states that he has lately been treating cases of gonorrhœal epididymitis by the application of clay to the scrotum. He takes white sculptor's clay and makes it into a paste with water, spreads it on linen, and applies it to the scrotum, which is to be kept raised in bed. The application is to be changed twice a day. The author asserts that even in ten minutes after the first application the pain is considerably lessened. Treatment should be continued four or five days.—*Annals of Surgery*, April, 1885.

Acute Pancreatitis in Childbed.—Dr. R. Haidlen relates the case of a primipara, thirty-three years of age, who had suffered through pregnancy from gastric disturbances and headache, and during the latter part of this period from severe colic and slight symptoms of peritoneal irritation. Owing to weak labor-pains delivery was effected with the forceps. During the following three weeks the progress of the case was normal, but at the end of this time there were occasional hemorrhages and several attacks of pain in the gastric region. The last of these was very severe and accompanied by vomiting. There was no fever, the pulse was 100 and regular. There was great tenderness on pressure over the pit of the stomach. The intellect was unimpaired. The urine was voided normally but in small quantities. The bowels did not move. Finally, the pain in the epigastrium became very severe, meteorism set in, the extremities became cold and the patient died. At the autopsy the pancreas was found to be enlarged in all its dimensions and of a brownish-red congestive color, the result of acute inflammation. There was no marked peritonitis, and the other organs were normal.—*Amer. Med. Digest*, May, 1885.

Buckwheat Flour in Diabetes.—Dr. Alvord, a retired practitioner of Hamler, Ohio, who is a sufferer from glycosuria, finds more relief from a diet of pure buckwheat flour cakes than from anything else. While he adheres to this food, the urine becomes nearly normal in quantity and quality, there is no gastric distress, and the pain in the eyes nearly destroyed by chronic iritis is markedly relieved. On resuming the use of wheat bread and other starchy foods, the symptoms become aggravated, to be again relieved upon a return to buckwheat.—*Journ. of the Amer. Med. Assoc'n*, May 23d, 1885.

Removal of Gunpowder Marks from the Face.—Mr. Lund recommends the following plan: The night before the operation (which is to be performed under chloroform) the skin over each of the black dots or marks, or at any rate the most conspicuous of them, is painted with thick green vesicating collodion, which, for these and similar purposes, is an excellent epispastic. This being applied with a camel-hair brush over the marks, the surface is allowed to dry. In ten or twelve hours, the cuticle over the part will be found raised, as an ordinary blister; only with this difference that the collodion has strengthened and thickened the epidermis, and it can, from this increased thickness, be torn off with forceps from the spots over which it had been painted. The papillary layer of skin so exposed will most probably have imbedded in it the foreign matter which is to be removed, and this can be done by means of some small scraping instrument, a Volkmann's spoon in miniature, or a hook or a gouge, such as is employed for extricating particles of iron or coke from the surface of the cornea.—*Br. Med. Journ.*, June 6th, 1885.

News, Etc.

Removal.—Dr. M. T. Runnels, from Indianapolis, Ind., to Kansas City, Mo.

H. P. Gatchell, M.D., formerly a professor in the Homœopathic Colleges of Cleveland, Cincinnati, and Chicago, died a few weeks ago at Asheville, North Carolina. He was distinguished for his high and varied attainments in the medical sciences, particularly in physiology and in hygiene.

The New Hampshire State Society, at its recent session, elected the following officers: President, Dr. A. D. Smith; Vice-president, Dr. A. C. Alexander; Secretary, Dr. B. F. Bailey; Treasurer, Dr. G. A. Campbell. Homœopathy, we are told, is more lively in New Hampshire than ever before.

A State Board of Health in Pennsylvania has at last been established by the passage of an Act, which provides for the appointment of six persons, a majority of whom shall be physicians of not less than ten years' practice, and one a civil engineer. The Board is to establish and maintain a State Bureau of Vital Statistics, make sanitary investigations and inquiries respecting the causes of disease, and especially of epidemics, including those of domestic animals, study the effects of localities, conditions, employments, habits, food, beverages, and medicines on the health of the people, codify, and suggest amendments to the sanitary laws, make sanitary inspections of public institutions, abate nuisances prejudicial to public health, and "have general supervision of the State system of registration of practitioners of medicine and surgery."

The Board as appointed consists of Col. William Ludlow, Chief Engineer of the Water Department of Philadelphia, with Drs. J. H. McClelland of Pittsburgh, and Gerner of Erie, and Drs. Benjamin Lee, Joseph F. Edwards, and Pemberton Dudley of Philadelphia. The first and last-named of these physicians are homœopathists, the others allopathists.

Death of Dr. A. C. Hoxsie.—Dr. A. C. Hoxsie died at Buffalo, N. Y., May 24th, 1885. The deceased was born at Skeneateles, Onondaga County, N. Y., in 1839. He resolved to enter the medical profession when a mere youth and began his studies with local physicians. At the age of 23, he moved to Buffalo, and in 1862 began to study with Dr. A. R. Wright. Two years later he graduated from the Cleveland Homœopathic Medical College and entered into partnership with Dr. Wright. In 1868, he married Miss Anna Poole and established an office for himself at No. 121 Franklin Street. He built up a large practice, and in 1878 removed to Delaware Avenue. About a year ago, his health becoming impaired, he made a trip to New Orleans, Mexico, and California. Dr. Hoxsie was a member of the Homœopathic Medical Society of Western New York, the American Institute of Homœopathy, and the New York Homœopathic Society. He leaves to mourn his loss a wife, his fifteen year old daughter Maud, a brother, John Hoxsie, and a sister, Mrs. Jennie Daniels, the latter two residing in Onondaga County.

During his professional career Dr. Hoxsie directed the studies of several young men in his own office. Some of them are now in active practice. Among them may be mentioned Dr. F. P. Lewis, oculist, Dr. A. M. Curtiss, surgeon, and his own partner in general practice, Dr. Joseph W. Cook.

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THE NEW ANTIPYRETIC ALKALOIDS.

BY CLIFFORD MITCHELL, A.M., M.D., PROFESSOR OF CHEMISTRY IN THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

(Continued from page 367.)

Antipyrin.—Kairin is not the only rival of quinine. Another substance prepared synthetically by Dr. Knorr, of Munich, has arisen, which would seem to have the usual "great future" of new remedies. In order to understand the chemistry of antipyrin a few words of explanation, regarding the substances used in its preparation, are necessary. Antipyrin may be regarded as made from *phenylhydrazin* and *ethyldiacetic acid.*

The substances called *hydrazins* were discovered by Fischer; they are reduction products from nitroso-amines. Thus ethylhydrazin is a product of the reduction of nitrosoethylamin—the latter losing oxygen and taking up hydrogen when subjected to the action of reducing agents. Similarly phenylhydrazin is a product of the reduction of netrosophenylamin, that is, if phenylamin be converted by the action of nitrous acid* into nitrosophenylamin, and the latter submitted to the action of reducing agents (as for example a mixture of protochloride of tin and hydrochloric acid), it loses oxygen, and takes up hydrogen, becoming what is called phenylhydrazin. Now phenylamin is merely the chemical term for aniline. Hence, to make phenylhydrazin, first convert aniline into nitroso-aniline, act on the latter with a reducing agent, and the result is phenylhydrazin.† The other factor in the preparation of antipyrin is *ethyldiacetic acid* (also called aceto-acetic

* A *nitrite* is used in practice.

† In practice, the aniline is transformed into a chloride of diazobenzol, then treated with nitrite of sodium and the reducing mixture.

ether). This substance is prepared by dissolving metallic sodium in pure acetic ether, adding 50 per cent. acetic acid and water. The whole is allowed to stand, the upper layer of liquid removed and distilled.

The formula for phenylhydrazin is $C_6H_5N_2H_3$; that of ethyldiadetic acid $C_6H_{10}O_3$.* Now, when phenylhydrazin and ethyldiacetic acid react on one another, there is formed a substance called *methyloxychinizin*, according to the following equation:

$$C_6H_5N_2H_3 + C_6H_{10}O_3 = C_{10}H_{10}N_2O + H_2O + C_2H_6O.$$

Phenylhydrazin + ethyldiacetic acid = methyloxychinizin + water + alcohol.†

Now oxymethylchinizin, when heated in closed tubes to the boiling point with methylhydriodic ether and methylic alcohol, becomes dimethyloxychinizin, to which the simpler name of antipyrin has been given.‡ Its formula is $C_{20}H_{18}N_4O_2$; it is, like kairin, an artificial alkaloid. Antipyrin occurs in the form of beautiful colorless columnar-shaped crystals, or as an almost white crystalline powder, having a scarcely perceptible odor, a slightly bitter taste, and fusible at 110°–113° C.

One part of antipyrin by weight is soluble in less than one part of cold water, in barely one part of alcohol, in one part of chloroform, and in about fifty parts of ether. A one per cent. aqueous solution of antipyrin gives an abundant white precipitate with solution of tannin. Two cubic centimetres of a one per cent. solution, on addition of two drops of fuming hydrochloric acid, change to green, and, if the mixture be gradually heated to the boiling point, fresh drops of acid produce

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* These formulæ are given differently in foreign journals. Thus the formula for phenylhydrazin is given as $C_{12}H_5N_2H_3$ in the *Journal de Pharm. et de Chimie.*

† At ordinary temperatures a substance called phenylhydrazin-ethyldiacetic acid is formed, which heated on the water-bath loses alcohol and yields oxymethylchinizin.

‡ There has been some confusion in regard to the proper chemical name of antipyrin. According to Bardet (*Bulletin général de Therapeutique*), the *Moniteur Scientifique* and *Nature* have both confounded antipyrin with one of the aromatic compounds called dimethyloxychinizin. Bardet says that the proper term for antipyrin is *methylated oxymethylchinizin.* The origin of antipyrin is ascribed by some to the condensation of two molecules of oxymethylchinizin into one, brought about by heating oxymethylchinizin with excess of phenylhydrazin. The result, according to Bardet, is *true* dimethyloxychinizin but not antipyrin. The *Journal de Pharmacie et de Chimie,* 289, 1885, does not like the term methylated oxymethylchinizin, but suggests that the term *dimethyl-oxychinizin,* written with a hyphen between the *dimethyl* and the *oxychinizin,* be used as the chemical name for antipyrin.

a red coloration. Two cubic centimetres of a 0.1 per cent. aqueous solution are colored dark red by perchloride of iron; the mixture passes to a clear yellow on addition of ten drops of concentrated sulphuric acid. An aqueous two per cent. solution is neutral, colorless or slightly yellow; it is not precipitated by hydrogen sulphide; its taste is not marked.

According to Schweissinger,* the taste of antipyrin itself is but slightly bitter; it is less bitter and less persistent than that of quinine. Ten parts will dissolve in six of cold water, its solubility being still greater in hot. It is very soluble in alcohol and in chloroform. When heated it becomes red, then turns brown and burns. Hydrochloric acid and nitric acid (sp. gr. 1.185) have no effect on it. Tannin gives a white precipitate with solutions of antipyrin; iodine dissolved in iodide of potassium an orange; the double iodide of mercury and potassium a yellow; chloride of zinc a voluminous white; mercuric chloride (strong solution) a white precipitate dissolved on heating; mercuric nitrate, even in dilute solutions, a white; picric acid a yellow precipitate dissolved on heating.

The following table shows the reactions of the different antipyretics with perchloride of iron and then sulphuric acid:

	Perchloride of iron: one drop.	Concentrated sulphuric acid: one drop.
Carbolic acid, ...	Blue.	Yellowish.
Salicylic acid, ...	Bluish-violet.	No effect.
Resorcin, ...	Blue.	Brown-yellow.
Kairin, ...	Clear brown, becoming dark dirty-brown.	Red-purple.
Antipyrin, ...	Red-brown.	No effect.
Quinine, ...	Nothing.	No effect.

If several drops of a solution of calcium chloride be added to a solution of *kairin*, a red coloration is noticed which changes to a dirty-brownish-red. *Antipyrin* gives no such reaction. Further add several drops of hydrochloric acid to each, when the kairin solution will become a clear yellow, but that of the antipyrin will deposit a pale yellow precipitate. Mercuric nitrate precipitates antipyrin (white), but gives with kairin an orange-yellow precipitate. Antipyrin is noteworthy for its reaction with *nitrous acid*, yielding in solution a beautiful green coloration. Fuming nitric acid added to a 0.1 per

* Archiv der Pharmacie, September, 1884, p. 686. Journal de Pharm. et de Chimie, 1885, p. 31.

cent. solution of antipyrin gives a green coloration which lasts several days. If the mixture be heated, and a few more drops of the fuming acid added, the liquid will become a clear red, then blood red, finally depositing a purple-red oil, soluble in chloroform, insoluble in carbon bisulphide and benzol.

The reactions of the different antipyretics with fuming nitric acid may be seen from the following table:

Carbolic acid,	Dirty-brownish-violet.
Salicylic acid,	Faint brown-yellow.
Resorein,	Dark red.
Kairin,	Orange-red.
Quinine,	Nothing.

The urine of patients taking antipyrin is colored red by perchlorate of iron; this reaction is apt to be faint.

Marigliano* and V. della Cella are authorities for the following: Antipyrin forms a salt with sulphuric acid, soluble in water and in alcohol, but insoluble in ether. Crystalline antipyrin heated with concentrated nitric acid detonates violently. Gently heated with caustic potash and antipyrin takes on a reddish color. The various reactions of antipyrin in solution are shown by the following table:

Chromic acid.	Sodium hypobromide.	Millon's reagent.†	Perchloride of iron.	Iodine in potassium iodide.	Double iodide of mercury and potassium.	Double iodide of potassium and bismuth.	Tannin.	Picric acid.
Orange-yellow precipitate yielding a liquid on heating.	White precipitate becoming yellow on heating with separation of brown drops having an empyreumatic odor.	Yellow ppt.	Intense red; solution decolorized by commercial hydrochloric acid.	Dull red ppt.	White ppt.	Yellow ppt. Color shades into orange.	White ppt.	Yellow ppt.

Chlorine water gives no coloration, but if a current of chlorine be passed into an aqueous solution of antipyrin, a solid

* *Italia Medica. Bull. gén. de Thérap.*—Journal de Pharm. et de Chimie, 1884, 463.

† Millon's reagent is 1 part metallic mercury dissolved in 1 of nitric acid sp. gr. (1.4), diluted with twice its bulk of water and filtered after twenty-four hours.

white substance separates out. Of the different reagents, iodine dissolved in potassium iodide is the most delicate, reacting with the one hundred thousandth part of antipyrin. The method pursued by the Italian investigators for detecting antipyrin in the *urine* is as follows: The urine is first acidified with sulphuric acid (5 drops to 6 c.c. of urine, or more acid if the urine be alkaline), then filtered, and to the filtered liquid a dozen drops or so of the iodine reagent are added, when the presence of antipyrin is indicated by the reddish-brown precipitate. Antipyrin should be sought for in urine about four hours old; the reaction is very well seen when the urine is twenty-four hours old, and is still perceptible when thirty-six hours old.

The *therapeutic action* of antipyrin has been investigated by Filehne,* May,† Rank,‡ Biermer,§ Naunyn, Guttmann,‖ Sée, Huchard, Henocque, Denux.¶ The researches of Filehne show that to reduce the temperature to 38° C. some 5 or 6 grammes (75 to 95 grains) in all are necessary. This amount has been well tolerated in most cases; in rare instances vomiting occurred. The method of administering the drug is as follows: Give 2 grammes (30 grains), then at the expiration of an hour 2 grammes more; at the expiration of another hour give 1 or 2 grammes: 2 + 2 + 1 or 2. The duration of the effect varies with the individual, the temperature rising again in some cases seven to nine hours after the commencement of the fall, in other cases not till fifteen hours after, in a few not till twenty hours. The effect of the first dose of 2 grammes is but slight, the action of the drug being more noticeable half an hour to an hour after the second dose. The maximum lowering of temperature takes place three, four, or five hours after the commencement of medication.

The dose for children is one-half or even a third of that mentioned above. Small doses also are advisable in the case of consumptives and very debilitated patients. The frequency of the pulse diminishes at the same time with the fall in temperature although a definite ratio is not always noticed. The urine is neither changed in color nor albuminous. Respiration does not appear to be influenced.

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* Zeitschrift für klinische Medicin, VII, 6. Journal de Pharm. et de Chimie, 1885, p. 31. Journal de Pharm. et de Chimie [5] X, p. 463, 1884. Centralblatt für die Gesam. Ther., June, 1884.

† Cologne.

‡ Stuttgart.

§ Breslauer Arztli-zeitschrift, 1884, p. 14.

‖ Berlin Society of Medicine.

¶ Journal de Pharm. et de Chimie, 1885, p. 24.

The conclusions of Rank drawn from results obtained from hypodermic use of antipyrin are as follows:

1. In febrile affections, and especially in pneumonia, pleurisy, typhoid fever, acute rheumatism, erysipelas, and tuberculosis, antipyrin is a sure and prompt antipyretic producing no untoward effects worth mentioning. 2. Administered hypodermically antipyrin lowers the temperature more effectually and more rapidly than when given internally; a total of 2 grammes, hypodermically, is often enough to bring this about. 3. The solution for hypodermic use is made by dissolving, with aid of heat, 1 gramme of antipyrin in 50 centigrammes of water.

According to Biermer, of Breslau, hypodermic use of antipyrin is attended with local troubles, abscesses, pain, etc. The drug internally administered is, however, of great value, particularly in typhoid fever and in phthisis. Riegel, of Giessen, administers *agaricin* in connection with antipyrin to prevent the occurrence of profuse perspiration when the temperature falls. The physiological action of antipyrin has been investigated by Henocque: a toxic dose (0.12 gramme to each kilogram of weight of the animal) being administered to a guinea pig, the rectal temperature fell in two hours to 38° C., in seven hours to 35.4°, and later to 32.5°, death then taking place. It was necessary to give a rabbit enough antipyrin to cause paraplegia and tetanic convulsions before the fall of temperature took place. The animal survived several days. Clonic or tetanic convulsions were brought about, the drug in this respect showing an analogy to strychnine. Henocque and Huchard have examined the blood of a consumptive patient who had taken antipyrin; half an hour after the temperature had fallen from 38.1° to 37.5° the blood from the capillaries showed no signs of the transformation of oxyhæmoglobin into hæmoglobin, nor any of excessive reduction of oxyhæmoglobin and still less of the production of methæmoglobin. Henocque was able to check hæmorrhage with 1–20 solutions of antipyrin. Compared with perchloride of iron and ergotin, the results obtained by him were as follows:* Perchloride of iron stopped the hæmorrhage in nine minutes, ergotin in seven, antipyrin in four, the action of the latter being marked.

Guttmann† has had the following experience with antipyrin:

* The animals experimented on were guinea pigs, their paws being dipped into solutions of the agents.

† Therapeutic Gazette, from Wiener Med. Blätter.

It was employed in 27 cases of febrile diseases, as follows: 6 cases of fibrinous pneumonia, one complicated with pericarditis; 6 cases of abdominal typhus; and in two cases each of scarlatina febrilis recurrens, and facial erysipelas; in one case each of variola, morbilli, exudative pleuritis, erysipelas cruris, brachial phlegmon; and in four cases of phthisis pulmonalis with high fever. Experiments have shown that antipyrin is best administered in two-gramme doses, repeated two or three times a day, as may be indicated. In some instances it seems to give the better results by giving the above dose once every hour, until two or three doses are given. When it is given in a watery solution, it had best be taken with some agent to correct the taste, or it may be put into capsules. Its action lasts about five hours. The process is one of gradual and continuous reduction of temperature; not unfrequently after the first dose, in the course of one hour, there is a difference of ½ degree noticeable. During the second and third hours the reduction is quite marked, especially when three doses are given, amounting to 2 degrees Celsius. The duration of time from the maximum of depression to maximum of elevation which followed later, was variable, ranging from six to ten and twelve hours. The comparatively long duration of action is due to the long time that is required for its action to fade away, and then the temperature only gradually increases again. A large dose of 4 grammes may be given at once, or small doses often repeated can be given; but the small doses, even if often repeated, do not insure the lasting results that are obtained from larger doses, while the extremely large doses are not safe in all cases. The depression of temperature is accompanied by a diminution of the pulse frequence; where the temperature diminishes rapidly, there is often a profuse perspiration following. Unpleasant secondary effects are not noticeable during a course of antipyrin; only in an instance or two vomiting was recorded. In patients where 4 grammes were given in one dose, or 9½ gr. during the day, no unpleasant symptoms were complained of; even children tolerated ½ and 1 gramme doses very readily and safely. During the changes of temperature there is never any complaint made of chilliness, as there is under a course of kairin, which is so unpleasant to many of the patients that they absolutely refuse to take it; and besides, its antifebrile action is of shorter duration. There seems to be a great analogy between the action of antipyrin and quinine; the depression of the temperature is gradual until it has reached its lowest point, then the rise is

also gradual again. The dose of antipyrin must be double that of quinine to produce the same result. The price, therefore, must be considerably less in order to make its use universal; it is quoted at 120 marks per kilogram, while quinine is 200 and often 240 marks per kilogram.

Professor Pribram* has published the results of his study of antipyrin. Antipyrin has been used with success as an antipyretic by Pribram in typhoid fever, pneumonia, erysipelas, tuberculosis, acute rheumatism, and various other acute febrile diseases in doses of from 10 to 30 grains, administered in powder or in watery solution. As a rule, not more than 60 grains should be given during one day, although in typhoid fever much larger doses may be given with impunity. The only unfavorable result which he mentions, as a consequence of the use of this drug, is occasional vomiting. His conclusions are as follows:

1. Antipyrin is an invaluable means of reducing the temperature in fever and its concomitant symptoms (rapid pulse and respiration, dryness of the tongue and delirium).

2. These favorable results are produced in cases in which quinine has either failed, or in which it is only active in very large doses.

3. It further possesses an advantage over quinine in its great solubility.

4. It is well suited for administration by the rectum.

5. It is preferable to the cold water treatment of fevers on account of its ready employment and easy control.

6. It surpasses kairin in the duration of its effects, and its action is free from the danger of collapse and rigor which often follows the use of kairin.

7. Antipyrin appears to be of special value in the treatment of typhoid fever, tuberculosis and pneumonia.

8. In acute rheumatism it appears to be as efficacious as salicylic acid.

9. Its use in advanced cases of tuberculosis tends to diminish the loss of body weight; it has, however, no effect on the sweats of phthisis.

10. The only unfavorable results so far noted are occasional vomiting and the production of an exanthematous eruption. Collapse occurred in one case in which it was employed, not, however, distinctly due to this drug. Caution is, however, advisable in cases of cardiac weakness.

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* Therapeutic Gazette, from Prager Medicinische Wochenschrift.

The testimony of numerous other observers (*Schmidt's Jahrbücher*, Oct. 21st, 1884, p. 127) is in harmony with these results. In all cases of febrile diseases (pneumonia, scarlatina, typhoid fever, relapsing fever, measles, erysipelas, pleurisy and phthisis) it produced a marked reduction in temperature, which may be prolonged for from ten to twenty hours; the pulse and respirations are also reduced in frequency, and no abnormal alteration occurs in the urine. After extended trial at the hands of several physicians, the only objection that can be urged against antipyrin is that it occasionally produces vomiting; but this, according to Rank, may be avoided by administering it subcutaneously. So given, its effects are perfectly sure and more rapid, and never cause any general or local disturbance.

Dr. Falkenheim has also employed antipyrin in the treatment of intermittent fever, but without effect. Antipyrin appears to be a powerful antipyretic, but possesses no value as an antiperiodic.

Sometimes, however, as noticed by Dr. Ernst (*Bull. Gen. de Thér.*, Oct. 30th, 1884), antipyrin produces a peculiar exanthematous eruption. This eruption was first noticed by Dr. Ernst after the administration by the mouth and rectum of 330 grains of antipyrin to a boy ten years of age; there could be no question as to the cause of the eruption, for it was also seen in a woman aged sixty-seven years, suffering from an entirely different disease, and in both cases antipyrin was the only remedy given. It also appeared in three other cases, two of typhoid fever, one of diphtheria and one of erysipelas, treated by this remedy.

The eruption is composed of irregularly circular, reddish spots, somewhat similar to the eruption of measles. As the eruption is confluent, the reddish patches, separated by intervals of healthy skin, give the appearance of reddish marble. On pressure the red color disappears and leaves a brownish pigmentation. After an eruptive period of about five days, during which the eruption continues to extend, but without increasing much in intensity, the red color gives place to a brownish tint, which does not disappear on pressure with the finger. Traces of this exanthema may be seen for as long as two weeks.

As regards the seat of the eruption, it is most marked on the chest, the back and the belly—in other words, on the trunk; but it does not appear to be more intense on parts subjected to pressure. The face and upper part of the neck are

always exempt; it, however, is to be seen on the limbs, especially on the extensor surfaces. The palms of the hands and soles of the feet do not entirely escape.

The average diameter of the patches was about ½ inch, varying from ⅓ to ⅔ inch, according to the degree of confluence. Itching is not always complained of. The eruption disappears in spite of the continued use of antipyrin; the treatment of the fever need not, therefore, be interrupted.

Antipyrin has been used successfully in the treatment of several diseases of children. To reduce the temperature, Demme* recommends three doses a day, the first of 3½ grains, the second of 2½ grains, and the third of 1½ grains. It cannot be exhibited in the graver types of diphtheritic infection, nor in case of enfeebled individuals generally, owing to the certain degree of cardiac depression which it causes.

Dr. Penzoldt† makes the following seven points about antipyrin in diseases of children.

1. Antipyrin must be regarded as a remedy well indicated and appropriate in febrile affections of children.

2. In proper doses the drug causes a reduction of febrile temperature, amounting to several degrees (Reaumur) and lasting several hours.

3. Reduction of the rate of the pulse does not always correspond with the degree of reduction of the temperature.

4. The effects on the general feeling are usually favorable.

5. Occasional vomiting was the only unpleasant symptom ever observed after its use. If vomiting occur persistently, administration by the rectum is to be resorted to.

6. As regards the dose, as many decigrammes (1½ grains) are to be given hourly, for three consecutive hours, as the child counts years; this quantity is to be increased, if it prove insufficient, as will often be the case in small children. An enema may be of a strength of from three to six times as many decigrammes as the child counts years.

7. The organism, in a prolonged employment of antipyrin, appeared but rarely to become habituated to its use.

Dr. Argutinsky, of St. Petersburg, has tried antipyrin in five cases of croupous pneumonia in children ranging between four and eight years of age. The drug, given as a powder dissolved in water, was readily taken, well borne, caused no unpleasant symptoms and but little sweating.

Vomiting occurred twice out of twenty-five administrations

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* Therapeutic Gazette.

† Therapeutic Gazette, from Deutsche Med. Zeitung, 101, 1884.

of the drug, general malaise but rarely. A reduction of febrile temperature followed usually within three hours and amounted to two degrees (R.); at times the temperature fell below its standard in health, without causing, however, any symptoms of collapse. An improvement in the subjective symptoms invariably took place. The pulse under the influence of antipyrin grew stronger and more regular, but did not vary in rate so quickly as the accompanying fall of the temperature would apparently warrant. The subsequent rise of the temperature is not so rapid as in kairin, but is gradual, extending over half a day or more; thus the absence of rigors is easily accounted for. Regarding the dose, Argutinsky says the dose is to be given to children as follows:

½ to 1 year	3	grains	every	3	hours.
1 to 3 years	5	"	"	2 to 3	"
4 to 5 "	6 to 7	"	"	2	"
6 to 8 "	8 to 9	"	"	2	"
10 to 12 "	10 to 12	"	every hour.		

He regards three doses through the day as quite sufficient.

Nine further experiments which the author instituted with the drug, on healthy children, are also very interesting. Antipyrin reduced the normal temperature one to one and a half degree (R.); the maximum of the fall appeared at night, *i.e.*, the time when the daily variations reach their maximum. On the normal daily variations the drug appeared to exercise no influence.

In this country antipyrin has been used with most satisfactory results, notably in Bellevue Hospital and by Dr. John K. Mitchell of Philadelphia. Dr. Mitchell speaks of antipyrin as follows:

"Antipyrin has been used in the medical wards of the hospital of the Protestant Episcopal Church in this city, with almost uniform success, during December, 1884, and January, 1885. I have tabulated the cases under my charge, as resident physician, for Dr. Morris J. Lewis, and Dr. Henry M. Fisher—fifteen in all. Six were cases of typhoid fever, three of advanced phthisis, one of incipient phthisis, two of pneumonia, and one each of intermittent fever, dysentery, and traumatic fever following an operation. The dose usually given was 15 grains of antipyrin in syrup of ginger. Sometimes this was repeated at the end of an hour. A few times 22 grains were ordered, and once 30 grains were given, followed by 15 after one, and 15 again after two hours from the first administration. In this case violent sweating, disturbance of the rhythm of the heart, and persistent vomiting, lasting for

Case Number.	Disease.	Quantity used.	Temperature when given.	Temperature in 1 hour.	Temperature in 3 hours.	Remarks.
1	Advanced Phthisis	Gr. xv.	103.°	100.5°	...	
"	"	"	102.	97.	97.°	
2	"	"	102.5°	...	98.	
"	"	"	100.	99.	...	
3	Incipient Phthisis.	"	103.	...	100.	
"	"	Gr. xv.; repeat in an hour.	103.5	102.2°	98.5	Normal temperature in 4 hours from first dose.
4	Typhoid Fever.	Gr. xv.	101.5	98.	...	Free sweating.
"	"	"	101.	99.5	...	Free sweating ½ hour after taking.
"	"	"	101.	98.	98.5	Free sweating.
5	"	"	101.	99.	...	
"	"	"	100.	98.	...	
"	"	"	102.5	100.	99.	
"	"	"	102.5	...	99.6	
"	"	"	101.	...	98.4	
6	"	"	103.	104.	104.	
"	"	"	103.	...	101.	
"	"	"	101.4	...	100.	
"	"	"	102.2	...	100.2	
"	"	Gr. xxii.	102.2	...	99.5	
"	"	"	101.	...	99.	
"	"	"	101.5	100.	99.	
7	Int'mittent Fever.	Gr. xv.	102.5	...	100.	
"	"	"	103.	...	99.6	Temp. not taken till 6 hours after administration.
"	"	"	102.	...	99.4	
"	"	"	101.	...	98.5	
8	Typhoid Fever.	"	103.5	...	100.	
"	"	"	102.5	100.6	100.	
"	"	Gr. xxx., and gr. xv. one and two hours after.	103.5	...	101.5	Free sweating followed the second dose.
"	"	"	103.5	101.	100.	Pulse increased in force and became slightly irregular. Sweating and vomiting for 12 h'rs after.
"	"	Gr. xv.	102.	...	100.	
9	"	Gr. xxij.	101.5	100.	98.5	
"	"	Gr. xv.	102.	...	100.	
"	"	Gr. xxx.	101.	100.	102.5	This was a morning temp. —1st temp. at 9 o'clk, 2d at 12 o'clk M.
"	"	Gr. xv.	102.	...	99.5	Evening of same day.
"	"	Gr. xv., repeat in an hour.	101.	99.	98.5	At the end of the fourth hour had fallen to 98°.
"	"	"	101.5	99.5	99.5	
10	Pneumonia	Gr. xv.	101.5	99.	99.	
"	"	"	101.	...	98.	Slight sweating.
11	"	"	102.	...	98.5	Both this and the previous case were slight pneumonias.
"	"	"	102.	...	98.	
12	Pyelo-nephritis, after incision and insertion of the drainage tubes in kidney.	"	102.	100.	99.7	This patient especially expressed himself as relieved of his "feverish feeling" after taking the medicine.
"	"	"	102.	...	98.6	
"	"	Gr. xxij.	102.	...	98.5	
"	"	Gr. xv.	102.	100.	99.2	
13	Dysentery.	Gr. xv.	101.5	...	100.	
14	Advanced Phthisis.	Gr xv., repeat in one hour.	103.5	102.2	98.5	Last temp. taken 4 hours after 1st dose.
"	"	Gr. xv.	103.	...	100.	
15	Typhoid Fever.	Gr. xv., repeat in one hour.	101.5	99.5	99.5	
"	"	"	103.2	102.2	99.6	
"	"	"	102.5	101.5	101.	
"	"	"	102.5	101.	99.	
"	"	"	102.5	101.5	97.5	

twelve hours, occurred. Upon no other occasion did I note any more unpleasant effect than somewhat free sweating. Only twice did the expected fall of temperature not happen, or not persist. I did not observe that a more rapid or more persistent decline of fever resulted from the large than from the lesser doses. The antipyrin never seemed to have any effect on the ordinary course of the fever.

"It was used, besides the cases noted, in several of slight fever, of which I made no especial notes. Most of the temperatures were taken at the end of four, some at the end of five or six, hours, as well as after the lapse of three hours, always (except as stated above) to find the lower temperature permanent."

Dr. A. Cahn, assistant at the medical clinic of Prof. Kussmaul at Strassburg, makes the following observations concerning antipyrin:*

"If we had welcomed in kairin a remedy that could, with greater safety and in a shorter time, reduce the temperature of fever to normal, still this offered so very many disadvantages that a substitute was greatly desirable. Although we were successful in preventing the profuse sweats by previously administered agaricus or atropine, and though the combination of kairin with quinine in averting the too sudden rise of temperature following a chill, still the drug could not satisfy, because it was always difficult to estimate its action, and very often induced a condition of collapse. In contradistinction the introduction of antipyrin showed itself, almost immediately after the first experiment, to be an essential improvement.

"At this clinic this remedy was tried in nearly all the cases of acute febrile affections (typhoid, croupous and catarrhal pneumonia, erysipelas faciei, pleuritis) coming under our observation, and in a series of phthisical cases. In conformity with the lately collected results of Guttmann,† we can also affirm that antipyrin is a safe febrifuge, and one relatively free from unpleasant after-effects. This remedy was always given in a watery solution without a vehicle, and a little water taken afterwards caused the bitter taste to disappear very rapidly. Vomiting was observed in a case of phthisis only, and he vomited, as a rule, very much. How well the drug is tolerated by the stomach is best shown by the following: A case of typhoid, 56 years old, greatly prostrated by a long illness and repeated intestinal hæmorrhages, during a severe relapse,

* From a circular kindly sent me by Parke, Davis & Co.

† Deutsche Med. Wochenschr., 1884, No. 31.

consumed 1035 grs. in fifteen days without any unpleasant effects showing themselves upon the digestive organs. There is, therefore, surely no reason why the hypodermatic method, recommended by several,* should be preferred to the far more comfortable internal administration.

"The remedy was given in single doses of 15–45 grs. With very high temperatures, as with typhoid in the first week, and pneumonia, 60–120 grs., in two to three doses daily, were necessary; with the less high temperatures, *e.g.*, with pleuritis, with typhoid in the later weeks, and also with the higher febrile ranges of phthisis, 30–45 grs. sufficed very often to keep the patient free from fever 6–12 hours. Generally, the antipyrin was administered between 11 A.M. and 2 P.M., by means of which the evening rise was controlled entirely, or the rise over the normal was unimportant; often, the effect lasted until the next morning. Sometimes the patient received the remedy late in the evening in order to strengthen the morning remission, as we have in view when we administer quinine in typhoid fever. In no case did a reduction fail to be observed; in the majority of cases it was very considerable, so that marked depression of the curve, even below the normal, occurred. I will omit giving especial examples and figures, as I would only be compelled to repeat what has already been shown sufficiently from the published accounts, and is known to every one. Still, I would like to emphasize this, that, even if some patients, during the time of the greatest fall of temperature, complained of a slight chilliness, still, with the next rise of temperature a chill was never observed; the cessation of the fever was accompanied, at times, by a profuse sweating, especially in phthisical subjects, and in those patients prostrated by particular causes; this sweating, however, was never so great as that occurring from the use of kairin, so that no occasion was offered to try anything against it. We did not observe that any one became accustomed to the use of the drug, as after fourteen days' administration the same effect was produced. A case of severe double croupous pneumonia I would especially like to particularize. This occurred at the end of the eighth month of pregnancy, and was complicated with a very great deal of meteorism, so that the patient seemed extremely depressed. The induction of premature labor promised, according to the present experience, no success; quinine we dared not give, on account of its

* Especially Ranke. Deutsche Med. Wochenschr., 1884, No. 24.

not improbable labor-exciting effects;* on the seventh day of her illness, her condition being as follows: Pulse, 132; respiration, 58; temperature, A.M., 103°, accompanied by great dyspnœa and extreme cyanosis; 30 grs. of antipyrin were administered at 9 A.M. and 4 P.M. respectively; by this means we succeeded in keeping the temperature between 97.5° F., and 101° F., the pulse at 110, and the number of respirations at 38, whereby the condition of the patient was greatly improved. On the following day the temperature rose at noon to 101° F., and the frequency of the pulse and respirations was still increased; the following night the crisis occurred. Judging from this, even if a single case is not conclusive, still, the administration of antipyrin, during pregnancy, seems admissible.

"It was used also in two other cases of pneumonia, and in a case of erysipelas; similar peculiar results were noted, that after giving large doses of antipyrin on the fifth or sixth days, the temperature remained normal on the next two days, although the condition of the pulse and respirations, as well as the other subjective symptoms, showed that the crisis had not yet occurred. Similar observations, which have already been communicated, would perhaps indicate that antipyrin is not alone a symptomatic antipyretic, but that it has a special influence upon these diseases.† The pulse was influenced favorably; not alone was its frequency diminished, but its tension, as shown by repeated trials with sphygmograph, was considerably increased. How much the increased tension in the aorta contributed to the increased diuresis I will leave undecided. It is a fact that, in our own cases of typhoid, regularly, an increased amount of urine was voided, with a diminution in the specific gravity—certainly a good argument for the therapeutic value of our remedy. The urine never showed a coloring. Repeated investigations with the polariscope showed, when large doses had been given, no deviation of the plane of polarization, and when boiled with acids yielded no reducing compounds; therefore, it contains no double glycuronic acids. The relation of the inorganic sulphate to ethylsulphuric acid showed in one experiment after the administration of 75 grs., the proportion 19 : 1; in a second, after 60 grs. were given, 12 : 1; there being, thus, no change from

* Compare the collections of Haussman, Berliner Klin. Wochenschrift 1882, No. 37.

† Compare, also, Tilmann, Deutsche Med. Wochenschrift, 1884, No. 31.

the normal. It is thus shown that antipyrin furnishes no joined acids, and in this point is superior to kairin.*

"I do not regard this fact with indifference, as we have reason to suppose that those substances which withdraw from the organism sulphuric acids for the formation of ethylsulphuric acid are more hurtful than similarly constituted combinations which do not enter into those unions, and do not cause the sulphates of the urine to disappear.

"When antipyrin is used, the urine gives an intense Burgundy-red reaction with chloride of iron, which is also the case when an aqueous solution of antipyrin is treated with $FeCl_3$. The coloration of the urine does not disappear on boiling, so that we can easily distinguish it from the reaction of ethyldiacetic acid, which has a similar tint.

"If we thus have a reason to suppose from the condition of the excretion that antipyrin stands in a closer relation to quinine than kairin, then this nearer relationship will be confirmed by our doubly-won experience; that antipyrin can cause the very same erythema as has been sometimes noticed during the administration of quinine, while with the use of kairin, as shown by the literature of the subject and our observations, no erythema has been noticed up to the present time. I will briefly state the main points in these two cases.

"The first case occurred in a vigorous patient, 18 years old, having typhoid. After the patient had received, from the 9th to the 19th day, in all 675 grains of antipyrin, with very marked benefit, and without any after effects, there appeared on the morning of the 20th day, without any subjective symptoms, or any influences upon the range of the fever, an erythematous eruption. This showed itself as round, bright-red and slightly elevated spots, disappearing entirely upon pressure; the edges were somewhat indistinct, and the size of the spots varied from $\frac{1}{2}$–2 mm. Upon the elbow and patella they formed large confluent patches of a bright-red color, and here hardly any normal skin was visible. The eruption was more profuse over the anterior surfaces of the extremities than over the posterior, more profuse over the back than on the chest and abdomen. The head, the palms of the hands, and the soles of the feet remained free. Naturally, the suspicion was excited that we were using a drug causing an erythema, and the antipyrin was stopped; in the afternoon the eruption had faded, and was only recognizable over the knees. As the eruption had

* V. Mering observed that Kairin is excreted as Kairin sulphuric acid.

entirely vanished on the following day, the patient received at 2 P.M. and at 3 P.M. 30 grains of antipyrin. The same afternoon at 6 the eruption appeared on the forearms, and in the course of half an hour it had spread over the legs, arms, back, chest, and neck. In a short time the extensor surfaces of the forearms and knees were covered with a bright-red, scarlatina-like, confluent eruption, while the rest of the body was thickly covered with red spots. This time the patient felt a slight sensation of warmth in the larger patches, and this was proved by the surface thermometer showing that the temperature of the congested spots was higher, especially the skin over the patella, usually one of the coolest spots of the body, and this was 2.7° F. warmer than the skin of the inner side of the thigh. The next day the eruption had disappeared, and was absent as long as the antipyrin was stopped. In order to have no uncertainty, 30 grains were again administered on the afternoon of the following day, and after the lapse of 2½ hours the exanthem had reappeared. Upon discontinuing the remedy it disappeared overnight. Two days after the disappearance of the eruption a very fine, scaly exfoliation began, which lasted six days.

"That this erythema accompanied the use of antipyrin must be admitted by the severest critics, and after having tried the experiment three times we are, therefore, justified in regarding a like eruption in another case as being caused by this remedy, but the death of the patient deprived us of the means of proving this conclusively.

"In this case the patient was a woman, aged 36, who was taken sick during her tenth pregnancy, with cough, night-sweats, and hæmoptysis. Eight days after the delivery of a child, weighing eight pounds, she was affected with a considerable stenosis of the larynx, and a rapidly destructive process in the lungs. The stenosis, which was due to a perichondritis arytænoidea, with secondary subchordal œdema, disappeared two days after, through a spontaneous evacuation of the abscess which had formed. The process in the apices of the lungs, accompanied by high fever, led to rapid formation of cavities and a great loss of strength. It was very easy with small doses of antipyrin to create a remission or intermission of the fever for eighteen hours. In spite of this the destructive process in the lungs was so rapid that the patient died twenty-eight days after delivery.

"After this patient had used 450 grains of antipyrin from the twelfth to twenty-second day (counting from the confine-

ment), there appeared during the night of the twenty-third to twenty-fourth day, accompanied by a spontaneous fall of fever, an exanthem which spread over the whole body. In this case also the extensor surfaces were mostly affected, and the spots were confluent on the elbow. Still the eruption was distinguishable from the former, inasmuch as the face, neck, and ears were also affected; there was also a simple erythema in this case. The spots varied in size from the head of a pin to a five-cent piece, they were slightly elevated, and disappeared altogether upon pressure. During the day and the following night the spots increased in number and in color, so that by the next morning the whole body was thickly covered with them, except the palms of the hands, the soles of the feet, and the hairy scalp. In several large patches the centre was slightly faded, but nowhere was there a pronounced iris formation.

"The affected skin parts, the different stages of development of which proceeded very slowly, were not only the seat of a hyperæmia, but also of a slight transudation, as on this day a slight colorless infiltration remained after pressure. Thirty-six hours after the beginning of the skin symptoms, the eruption began to fade, and disappeared fully in forty-eight hours. As already mentioned, the death of the patient, which occurred one day later, prevented us from reproducing this exanthem by larger doses. A perceptible influence upon the range of the fever was not produced by the skin affection. How little these erythemas annoy is best shown by the fact that the patient did not notice them before she was asked concerning the red spots, whereupon she regarded her arms in astonishment.

"For this reason, even if these observations should increase, prejudices against the therapeutic value of antipyrin will not follow, for there were hardly any subjective symptoms, and no noticeable unpleasant results upon the organism showed themselves in any of the cases, as we could repeat the experiment, and the patient experienced no unpleasant after-effect. When the case of phthisis could no longer expectorate the abundant matter secreted by the walls of the cavities, and was consequently suffocated, the exanthem of the antipyrin did certainly not hasten the end.

"The only difficulty which is caused by such transient erythemas consists in the fact that it is necessary to stop the antipyrin.

"From our observations we can only conclude, that in per-

sons predisposed to it, exanthems can be produced by the continued use of antipyrin, if the idiosyncrasy, as is the case with quinine, can go so far as to produce an eruption after a single small dose is debatable.

"Since the above was written we have had occasion to witness the production of antipyrin exanthems in typhoid fever, without subjective symptoms, and have come to the conclusion that this remedy can be continued without unpleasant effects. In the mean time similiar observations have been reported from the clinics of Breslau* and Zurich,† a proof of the frequency and practical importance of these exanthems."

MATERIA MEDICA NOTES.

BY O. W. SMITH, M.D., OF UNION SPRINGS, N. Y.

(Read before the Cayuga County Homœopathic Medical Society.)

EXPLANATIONS.—"*P. S.*" refers to symptoms occurring in provings, or under long-continued or excessive use of a drug. "*Cnd. S.*" refers to the less prominent symptoms of a drug that have been confirmed by use. "*Crd. S.*" refers to prominent and marked symptoms that I can fairly claim were cured by the remedies named.

SPIG.—*Cnd. S.:* Pains, as if needles were thrust into the right eyeball.

LACH.—*Cnd. S.:* During chill desires to be held close. *Crd. S.:* A sickening pain in the left hypochodrium, going through to back, with sensation as if a cord were drawn tight around left side.

CALC. CARB.—*Cnd. S.:* Cough excited by the least current of air, even by a person passing near. *Crd. S.:* Cough with a bursting pain in occiput; with loss of taste and smell; redness of tip of nose; with soreness through lower part of abdomen. When coughing holds abdomen with hands. During cough a cutting pain in right side of throat, with aching afterward. Severe pain in left mastoid process, with shooting pains extending up and down the neck when moving the head.

CARB. VEG.—*Cnd. S.:* Belchings soon after eating, followed by burning in stomach. *Crd. S.:* Excessive hunger at night, must eat to appease it. Desire to urinate whenever he arises

* Alexander, copy printed, from the Breslauer ärztl. Zeitschrift, 1884, No. 14, p. 57.

† Ernst, Centralblatt für Klin. Medicin, 1884, No. 33.

from a sitting posture. Cheerful in earlier part of day, desponding in the latter part.

AGAR. MUS.—*Cnd. S.:* Yellow spots before the vision when looking at anything white.

THUJA.—*Cnd. S.:* Cough during the day, none after lying down at night. Pain down the inner side of left arm, from elbow to hand. Begins at 3 A.M. and continues until evening. Worse in the forenoon. Cutting, squeezing pain in left ovary.

BORAX.—*Cnd. S.:* Aphthæ inside of lower lip, on the tip of tongue. Hungry all of the time. Awakes very early in the morning. Cannot sleep after 2 or 3 A.M. *Crd. S.:* Dreams that she is attacked by vicious cows. Breath is bad; is offensive to herself.

CACT. GR.—*Cnd. S.:* Sensation of a band about the width of three fingers, constricting the epigastric region, felt especially before stool.

ELAPS. COR.—*Cnd. S.:* Inflammation, soreness, and intense itching of the left eye.

CINNAB.—*Cnd. S.:* Headache (frontal) coming on in the morning soon after getting out of bed, relieved by pressure of the hands.

BIS. SUBNIT.—*Cnd. S.:* Gastralgia, relieved by bending backward. *Crd. S.:* Eructations, tasting and smelling of food eaten twenty-four hours previous.

NAT. MUR.—*Cnd. S.:* Painful eruption in border of hair on right temple. *Crd. S.:* Chill, beginning on the elbows and knees.

NUX. VOM.—*Cnd. S.:* Coryza. Left nostril, fluent during the day, dry at night. *Crd. S.:* Sensation under middle of sternum like a lump of hot lead as large as two fists.

KOBALT, PULS., SEP., ZINC.—*Cnd. S.:* Pain in back relieved by walking.

NAT. SULPH.—*Cnd. S.:* Pain in right hypochondrium, aggravated when lying on left side. When lying on left side a sensation of pulling in right hypochondrium.

SAMB.—*Cnd. S.:* Pain in the upper and posterior part of left thigh, with a drawing sensation as though the cords were shortened; aggravated when walking.

SANG.—*Cnd. S.:* Pain shooting from lower part of left chest to left shoulder. *Crd. S.:* Headache concentrated in a small spot over the right eye. Eye becomes reddened and very sore, yet hard pressure upon the eyeballs relieves. Red streak through middle of tongue.

CARB. ACID.—*Crd. S.:* Excessive flatulence.

MAG. PHOS.—*Crd. S.:* Toothache, second molar, lower jaw, left side; a steady ache with shooting pains.

IRIS VERS.—*Crd. S.:* Purging and vomiting at the same time.

CLEM.—*Crd. S.:* Crawling sensation in scrotum.

EUPHRAS.—*Crd. S.:* Cough loose through the day, dry during the night.

ARNICA.—*Crd. S.:* Frontal headache with pain in eyeballs, aggravated by jar, noise, or moving. Pillow feels hard as a stone.

MERC. IOD. FLAV.—*Crd. S.:* Vertigo; sensation as if walking in the air; as if there were a layer of air under the feet.

SABINA.—*Crd. S.:* Uterine hæmorrhage, with pain in the back.

STAPH.—*Crd. S.:* Sensation of stiffness and contraction in the hollow of the knee.

CALC. PHOS.—*Crd. S.:* Pain in the scars of old abscesses.

CIMICIF.—*Crd. S.:* Sensation as if the head were full of little beings that kept at work. Sensation as if she were in a dark cloud (mentally). Fulness and throbbing in sides of neck and head as if blood all left her heart and went to her head.

CINA.—*Crd. S.:* Involuntary urination under the influence of any strong excitement or emotion. Child wets the bed at night.

ARG. NIT.—*Crd. S.:* Left inguinal region occupied with a hard red swelling, very painful. Pain follows Poupart's ligament over top of hip-bone around to back. Marked sensation of tension and drawing in inguinal region.

PHYTOL. DEC.—*Crd. S.:* Hunger with a faint gone sensation at the outset of a chill. During chill soles of feet become very cold. Sharp shooting pains in a leg that had been fractured years before. Pains begin in the heel and shoot upward. The limb is jerked upward.

BRY.—*Crd. S.:* Pain darting from right shoulder up side of neck to head; aggravated by the least movement. No pain when quiet.

LAUR.—*Crd. S.:* Stitching pain from left scapula through left side to infra-mammary region. A cold sensation on forehead, as if a cold wind were blowing upon it.

BAPT.—*Crd. S.:* Numbness and tingling of left arm and hand, left side of body, left lower limb. A distinct sound and

sensation of crepitation in left wrist when flexing it. Shooting pains about the heart. Great anxiety and fear of heart disease. Tongue coated upon right side only.

ATROP. SULPH.—*P. S.:* Great dryness of mouth, tongue, and fauces, yet no thirst. Strong desire to urinate, but no power to make an expulsive effort. Dreams, with great contempt for religious matters. Headache worse while lying. In attempting to read, the smaller letters run together, larger letters looked as if printed with yellowish ink; with a black border. When writing pen seemed to have a double point.

VESPA.—*P. S.:* (From being stung three times upon the face and neck.) Excessive trembling of hands when attempting to use them. Pupils dilated. Vision indistinct. Whenever the head was moved it seemed to expand. Expansion beginning in the nape of the neck. Sensation in head as if the brain were too large for the skull.

ARSEN. IOD.—*P. S.:* Sleeplessness.

PASTINACA SATIVA (Wild Parsnip).—*P. S.:* Vomiting of milk in large hard curds. Stools very waxy, sticky, and adhesive. Scrotum and loose tissue of privates filled with serum. Skin red, inflamed and swollen wherever it had come in contact with the herb. Appearance almost exactly similar to Rhus tox. poisoning.

ÆSC. HIP.—*P. S.:* Vomiting of colorless, watery fluid. Posterior two-thirds of tongue coated thick yellow. Anterior third a thin white coating, studded with numerous reddened papillæ.

TOBACCO.—*P. S.:* Prolapsus ani. Great drowsiness during day when trying to read.

ACET. ACID.—Hæmorrhoidal tumor large as a chestnut on the left verge of anus.

RUTA GRAV.—*P. S.:* A ganglionic swelling on the left wrist.

VESICO-INTESTINAL FISTULA.—CLINICAL RECORD AND AUTOPSY.

BY CHARLES E. TOOTHAKER, M.D., PHILADELPHIA, PA.

RICHARD LANCE, born in London in 1810, was a patient and friend of the writer for nearly thirty years. By occupation he was a silk and wool dyer, was accustomed to his ale and his pipe, but was of temperate and good moral habits. He enjoyed, as a rule, more than the average of good health, but was at times troubled with attacks of dysenteric diarrhœa,

from which he always recovered in a few days. About 1840 he began to observe a swelling low down in the *right* groin, coming on after any muscular strain, and accompanied with a distressing pain in the part. A London trussmaker fitted him with a truss which he wore for many years. He came to America about 1849. Soon afterwards the inguinal tumor disappeared from the right side and a similar one appeared on the *left* side. In 1880 he was wearing a left-sided truss; the right side seeming to be perfectly well.

From 1849 to 1880 he was very active and energetic in business. About 12 years ago had an attack of dysentery which continued two or three weeks, but he seemed perfectly well afterwards for many years. Had nearly all his life a catarrhal cough, which at times seemed asthmatic, with periods of aggravation for which he had occasional medical treatment, but which never disabled him from labor. He had several slight attacks of diarrhœa in the last 12 years, from which he always recovered in a few days. March 17th, 1880, I was called to prescribe for him for what seemed a slight attack of dysenteric diarrhœa. He did not recover immediately as he had heretofore done, and after I had made a careful investigation of his condition, he informed me that his urine was very offensive, and had a fæcal odor. On a subsequent examination of the urine, I found the fæcal odor very conspicuous, and continually increasing; urination very frequent, much distress especially just after passing the urine, sometimes before passing. At times the urethra would fill up with a large accumulation of fæcal matter, and then a free discharge, with much pain and distress, would occur and general relief would follow. These attacks became more and more frequent. He described the pains as very severe just before passing water, with pressing and urging; and, just after passing, very sharp with burning and stinging. There were also frequent discharges of flatus through the urethra, considerable fever and debility, with diarrhœa of a dysenteric character, and the passage of an increased quantity of fæcal matter through the bladder. He continued in this condition two or three weeks. The pains became more continuous, often very severe, with periodic aggravations. One of these paroxysms he described as follows. On attempting to urinate the urethra swelled up rapidly to a great size, he lost consciousness, seemed to fall into some kind of a fit, shook all over like a person in a chill, became very cold, and when he came to himself found that he had passed considerable urine and a large lump of fæcal matter uncon-

sciously. I continued to prescribe for him, with greater or less alleviation of his symptoms, until July 25th, 1880, at which time I made the following record. No appetite, general sense of weakness and debility. Pulse 94, rather weak; dysenteric discharges from the rectum, and considerable fæcal matter through the urethra, much and severe pain; spells always preceded by severe pain in the urethra, as if from an accumulation of fæcal matter, with pressing and urging. Very sleepy. Large beads of perspiration on the forehead, cold sweat. Asleep nearly all day when not kept awake by pain. No sleep at night. Severe shooting pains in the left side, left inguinal region and down into the urethra, especially before urinating. Great thirst; trembling, tottering gait.

During this period he had often been apparently much benefited by Nux vom., sometimes by Rhus tox., and at times by Merc. jod.; or at other times Puls., Ars. jod., or Carbo veg. seemed to be adapted.

About the middle of August he had another attack of dysentery, or dysenteric diarrhœa, and I availed myself of the counsel of Dr. Charles M. Thomas and Dr. John C. Morgan. Under the directions of these distinguished physicians chloric ether was administered, and a very thorough examination was made per rectum. The bladder was well filled with warm milk, and every effort made to discover, if possible, the point of opening between the bladder and intestines, but without success. After more than three hours of earnest work it was concluded to suspend further investigation and await developments. I had expected that after so protracted an examination my patient would be profoundly exhausted, but to my great satisfaction, each day after this examination was one of marked improvement, and in a few weeks he was much better than he had been before for many months. This improvement continued until late in 1882, after which time, the patient gradually lost strength and suffered more pain. In January, 1885, he had a severe attack of dysenteric diarrhœa, from which he rapidly sank and died on the 17th of the month.

An autopsy, conducted by Dr. R. B. Weaver, assisted by Drs. J. C. Morgan and Jos. Hancock, revealed a considerable amount of adipose tissue both in the abdominal walls and within the abdominal and thoracic cavities. There was some erysipelatous redness of the scrotum and thighs evidently due to local irritation.

The peritoneal membrane showed numerous discolorations and adhesions of a character indicating both recent and long-

continued inflammations. The fistulous communication between the bladder and intestines was high up, involving the posterior portion of the fundus of the bladder and the upper part of the sigmoid flexure. The opening was about large enough to admit a goose-quill. The parts involved, as well as those adjacent, had become cemented into one compact mass by the extent and intensity of the inflammation.

The bladder contained fine sand in considerable quantity and a stone of much the size and appearance of an enlarged or somewhat thickened patella, very smooth on the side next the wall of the bladder, very rough or jagged on the free side or towards the cavity of the bladder as if it might either be undergoing the process of crystallization or on the contrary the process of disintegration of its free surface. The walls of the bladder were dark-colored, contracted, and thickened. The kidneys were both involved in cystic degeneration, the external tunic adherent, the pelves almost obliterated, and the left kidney shrunken to about half its normal size. Both ureters were greatly enlarged, particularly at the upper portion, and their walls hypertrophied throughout. The left ureter at its upper end was nearly an inch in diameter. The inguinal ring on the right side showed no remains of any lesion whatever; the hernial sac on the left side was open, free, and easily penetrated by the finger of the operator.

In undertaking to explain the production of the fistula, we may easily rule out of consideration the hernia on the *right* side, because of the relative situation of the parts involved in such a hernia and in the fistulous lesion respectively, and because of the relative periods at which the two lesions occurred. How strong the probability of a causative relation between the *left* inguinal lesion and the fistula, involves a question on which there will doubtless be conflicting opinions. The relative situations of the bladder, colon and left inguinal ring, and the mobility of the sigmoid flexure, might render the involvement of both organs in a hernia of the left side possible. The post-mortem, however, revealed no connection between the fistulous lesion and the hernia as it actually existed, nor were there any marks of ulceration connected with the hernial sac, that could indicate the possibility of the fistula having arisen from that cause. I feel justified, therefore, in excluding the hernial lesion from the list of probable causes of the fistula.

Aside from the dysenteric diarrhœa, the case presents no history of intestinal inflammation, likely to involve the peritoneum by extension—no typhoid fever, nor any intestinal

ulceration of any kind; and it seems to me exceedingly improbable that the fistula had its origin in an intra-intestinal inflammation. But when we refer to the condition of the entire urinary tract, we are led strongly to the suspicion that here was the *fons et origo* of that series of changes that either slowly or rapidly involved the deeper structures of the vesical wall, then the peritoneal tunic, and finally the wall of the intestinal canal throughout its thickness. The very serious nutritive and mechanical alterations of the kidney structures, already described, the suppurative inflammation of both ureters from kidney to bladder and the general condition of the latter organ, all seem to indicate that here were the beginnings, rather than the results, of the morbid processes.

The peritoneal surface of the bladder at its superior and posterior portion, over a space about four inches in length and two inches in breadth, was covered with a cheesy, tuberculous-looking matter. This was also found on the surface of the sigmoid flexure, a considerable portion of which was adherent to the fundus of the bladder. In this adherent portion were two or three distinct fistulous openings.

A word as to the treatment of the case. I think its results may encourage us to select our remedies in similar cases, from the symptoms presented, in confidence of securing benefit to the patient. Again, the results of the long and laborious examinations of the bladder and intestine, with the free and abundant use of warm milk injections, followed, as it was, by very decided amelioration of all the symptoms and marked benefit to the patient's general condition, may serve to indicate such a method of treatment in similar cases, even when curative treatment seems impracticable. Had I resorted to the frequent and thorough cleansing of the bladder with warm milk, I might have rendered my patient still more comforable, and possibly somewhat prolonged his life.

Let me say in closing that, in my opinion, the calculus found in the bladder, doubtless formed subsequently to the surgical examination made four years previously, and as its nucleus was fæcal in character, must of necessity have been a resultant of the lesion, and in no way connected with its production.

THE CEREBRAL SYMPTOMS OF TABES DORSALIS.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA.

It is the object of the writer to call attention, in the following pages, to a class of symptoms which are of more than

occasional occurrence during the course of tabes dorsalis, but which have received only passing notice from neurological authors. The cerebral symptoms of the disease are here referred to.

1. Let us consider the mental condition of the ataxic patient. Insanity may associate itself with tabes dorsalis at any stage of the progress of the disease. Such association, however, must be rare. I have treated thirty-five tabetic patients, in all of whom, except one, the mental powers were perfect. In that one case, the patient, several weeks before dying, was taken with acute mania, which continued up to the time of his death. An autopsy showed an apparently healthy brain. In estimating, however, the percentage of cases of insanity found in a given number of ataxies, there is great liability to error. Tabes dorsalis is a disease of such long continuance, and the treatment of the affection, as a rule, so unsatisfactory, that the patients remain under the observation of any one physician but a comparatively short time. The completed history of most cases must in consequence remain unknown, and the percentage subsequently developing insanity, therefore, under- rather than over-estimated. Respecting this point, authorities differ. Erb* says that psychical symptoms occur but rarely. Suckling,† on the other hand, gives as his opinion "that were a proper record of cases of insanity in our public asylums published, the termination of locomotor ataxy in insanity would be found to be far more common than is generally supposed." Of the forms of insanity associated with tabes, that known as general paralysis is the only one that has received any definite mention. Westphal was the first to direct attention to the connection between these two diseases. This writer contends that cases of general paralysis, manifesting "motor disturbances of the extremities, seem to have an anatomically demonstrable disease of the spinal cord (chiefly degeneration of the posterior columns)."‡ He considers the tabes in these cases to be the result of a degeneration widespread throughout the central nervous system. Westphal, however, is in all probability mistaken in attributing the motor disturbances of the extremities in general paralysis to sclerosis of the posterior columns, for numerous cases have been reported in which the only spinal lesion discoverable has been a degeneration of the lateral columns.

* Ziemssen's Cyclopædia, vol. iii., page 582.
† Birmingham Medical Review, Jan., 1885.
‡ Ziemssen's Cyclopædia, vol. xiii., p. 583.

General paralysis of the insane and tabes dorsalis certainly possess many symptoms in common. The former affection is frequently associated with absence of the patellar reflex. Dr. J. C. Shaw,* out of 82 cases of general paralysis, noted diminution of the patellar reflex in eight, and its complete absence in fourteen. The same author has also reported† four cases of arthropathy occurring in general paralytics, in only one of which, however, was the patellar reflex destroyed. The joint lesion, in these cases, was anatomically indistinguishable from the arthropathy of tabes dorsalis. Many other symptoms are of occasional occurrence in the two affections under consideration. The true relation existing been them, and the reason for their comparatively frequent association, will not be known until their respective pathologies are better understood. As Suckling‡ has truly said, "neuroses are transformed into one another in different generations. An epileptic or insane father may have a son or grandson affected with locomotor ataxy." One who has manifested a predisposition to a neurotic disorder at one period of life, is liable to kindred troubles at another.

Other forms of insanity than general paralysis may assert themselves during the course of tabes dorsalis. They consist, generally, of different varieties of mania or melancholia, presenting no distinguishing characteristics from the same affection seen in otherwise healthy individuals, the association of the mental with the spinal disorder being purely a coincidence.

The stage of tabes at which insanity is most likely to supervene, varies. In some cases, the psychical symptoms may precede the physical for years, while in still others they may not be manifested until death is about to end the patient's days.

2. *Apoplexy* occurs with more than ordinary frequency in tabes dorsalis. When we consider the etiology of the disease, we see at once that this is no more than what we might expect. Tabes, in the majority of instances, attacks patients who have previously had syphilis. It is on rare occasions only, that syphilis is met with in an individual unaddicted to alcoholic and venereal excesses. Thus we find in the tabetic three prolific causes of apoplexy, viz, syphilis, alcoholism, and excessive venery, together with the irregularity of living and the exposure which these necessarily entail. The apoplectic attack may appear at the very beginning of the spinal disorder,

* Archives of Medicine, vol. vi., p. 41.
† Archives of Medicine, vol. ix., p. 147. ‡ Op. cit.

the patient having considered himself at the time, a perfectly healthy individual, and only noticing the ataxic symptoms on his partial or complete recovery from the hemiplegia. This is seen in the following case:

Case I.—John M——, æt. 56 yrs., in 1877 had an attack of right-sided hemiplegia. The right arm and leg were involved, but not the face. There was also loss of speech; but from the patient's descriptions, it was evidently aphonia, and not aphasia, which gave rise to this symptom. The attack came on him during the night, while he was asleep. He was not able to walk for two months. At the time of this occurrence, his general health was most excellent. For five years afterwards he was very much troubled with rheumatic pains in the lower extremities. For two years, there were stiffness and cramps in the right leg whenever that limb became cold; but as soon as he stretched the leg out, the pain went away. For one year past, vision has been growing poor.

The patient walks with the characteristic hemiplegic gait. He staggers when walking with his eyes closed. Static ataxia is present. Both patellar tendon reflexes are abolished. The pupils are markedly contracted. They do not respond at all to light, and only slightly during accommodation. They dilate very imperfectly under the influence of strong solutions of atropia (gr. viij–℥j). The ophthalmoscope shows well-advanced atrophy of both optic nerves. O.S.V = $\frac{5}{200}$, O.D.V = $\frac{1}{200}$. There is slight ptosis of the left side, which appeared at the time he was paralyzed.

This patient received Argentum nitr. 3ss, but he took his medicine so irregularly and reported for treatment so seldom that but little benefit was noted.

In such cases as that just related, the hemiplegia is so apt to receive the whole attention of the physician, that the possibility of the existence of tabes is not thought of until other symptoms appear so prominently as to force on the minds of the observer, the conclusion that spinal complications are present. In hemiplegia, uncomplicated by spinal disease, the patellar tendon reflex is either normal or slightly exaggerated. It is *never* diminished or destroyed. In all cases of cerebral as well as of spinal disease, the patellar tendon reflex should be tested. This being done as a routine measure, the existence of any incipient spinal disease masked by the hemiplegia, ought not to escape discovery. Buzzard* reports two cases of tabes dorsalis, in which the true nature of the disease was not recognized for a long time, owing to complications with hemiplegia.

The following are two more cases of tabes associated with apoplectic attacks and hemiplegia, in which the discovery of the degeneration of the posterior columns of the cord was only made after the absence of the patellar reflex was noted.

Case II.—Robert S——, æt. 58 years, carpenter by trade, considered himself a well man up to three and a half years ago, at which time his

* Lectures on Diseases of the Nervous System, pp. 138 and 276.

present disease began. He was at work when he suddenly experienced a "swimming in the head;" he lay down, and in a short time he felt sufficiently recruited to resume work. The trouble again asserted itself, so he went home, took a dose of "salts," and lay down on the sofa and slept for a half-hour, when he awoke with a sense of numbness in the right arm and side. On attempting to get on his feet he found that he could hardly stand. This trouble lasted him until the next day. Under treatment (allopathic), he recovered his strength, although he had frequent attacks of weakness, nervousness, and bad feelings generally. Still he had good appetite, but was rather restless in his sleep. The numbness itself has never improved since the paralytic stroke. Now he frequently has cramps of individual muscles, particularly in the toes, feet, and about the ankles, sometimes in the fingers, mostly in the right side, although the left is not exempt. He believes that he now has as good strength in his right arm as he ever had; but yet cannot use that member as was his wont. If he attempts to mount a ladder, he becomes very nervous. Within the past year severe shooting pains have appeared. They occur more frequently about the waist than elsewhere, though often appearing in the thighs and feet. They are never more than skin-deep, and come and go like a streak of lightning. Six years before the paralytic attack, he recalls having been annoyed with diplopia, which reappeared in February of the present year. Vision good; fundus oculi normal; Argyll-Robertson pupils. Has static ataxia. In attempting to walk with eyes closed, staggers. Both patellar reflexes destroyed. Admits gonorrhœa, but denies syphilis.

Case III.—Robert M——, æt. 51 years, first came under observation in December, 1884. He contracted syphilis five years before. In 1881, he first suffered from severe pains shooting through the legs and feet. But these disappeared, and did not return until a few days before the onset of the hemiplegic attack which brought him under treatment. In 1882, he had a syphilitic ulceration about the right ankle joint, which healed in four months. During all this time, he was troubled with great weakness. In the morning, when washing his face, he had to lean against the wall to keep himself from falling. He could not sit up in a bent-up position for more than a few minutes at a time, as that would make him feel sore about the joints. In going up stairs, he would have to stop frequently to rest himself on account of weakness of the knees; he could go down stairs readily enough. One evening, in the latter part of November, 1884, he went to bed feeling as usual; he awoke the next morning with a sense of numbness in the left leg and left arm. On attempting to rise he found these extremities paralyzed. The paralysis gradually increased in severity for four days, after which time it began to abate to such an extent, that a week later he was able to walk some. His gait was rendered so uncertain by his hemiplegia, that no attempt was made to get him to walk with closed eyes. On asking him to shut his eyes, and touch the tip of the nose with the forefinger of either hand, he made the attempt to comply with the request, but failed, the failure being most marked in the case of the right hand. He had slight static ataxia. Both patellar reflexes were abolished. Pupils rather small; do not respond to light, but do react during efforts at accommodation. Fundus oculi normal. At the time of the onset of the paralytic attack, no observations of his temperature were made. He first received Hepar, under which he improved steadily for two months; his condition then became stationary. I then changed to Kali hyd., on which he is now doing very well.

3. *Apoplectiform attacks* are occasionally met with as symptoms of tabes dorsalis. The patient is suddenly seized with stupor, on recovery from which he may be as well as he was

before the attack, or he may be left with a more or less extensive paralysis, and this sooner or later disappears without leaving any trace of its existence. The temperature rises immediately on the onset of the attack, and may reach as high as 104° within twelve or twenty-four hours, any rise greater than this almost certainly indicating a fatal termination. If recovery is to be expected the temperature soon begins to fall. How to differentiate the apoplectiform seizures from those of true apoplexy is an important point. According to Charcot,* we have a ready method of doing this by careful observation of the temperature of the patient. In true apoplexy, there is a diminution of the temperature of the body for some little time after the attack. The temperature generally remains subnormal for twenty-four hours, when it approaches the normal or even rises above it. When these apoplectiform attacks have once made their appearance, they are exceedingly prone to recur, each attack being more severe than the one that preceded it. The accompanying paralysis may be of the most varied character. It may involve an entire side of the body, or it may be limited to an exceedingly small area, as in the following case, in which there was only aphasia without any paralysis of the face or limbs, so far as I could observe.

Case IV.—Daniel B——, æt. 52 years: occupation travelling salesman. This patient was the first case of ataxia that ever came under my care. No memorandum was made of the case at the time of my attendance, so that the following history is now given from memory only. Some fifteen years before my examination of the patient, he had suffered from some chest trouble, for the relief of which, his physician introduced a seton into the walls of the thorax. It was permitted to remain, exciting quite free suppuration for fully six months. To the exhaustion produced by this treatment, he attributes his present disease. At the time of the first examination, he lay in bed, as he expressed it, too weak to go about. His weakness showed itself especially when attempting to walk in the dark. He had attacks of the most frightful pain which one could experience. They would start in his feet, shooting up the limb with the rapidity of a streak of lightning. He showed marked ataxic gait in walking, especially when his eyes were closed. Static ataxia was present. Both patellar reflexes were completely abolished. He had several attacks of diplopia. The pupils failed to respond to light, but reacted normally during accommodation. At times, he would have attacks of lightning pains over one or the other eye, at which times the pupil of the affected side was always larger than its fellow. The arms were normal in their movements. The muscles throughout the body had wasted somewhat, probably from want of use; however, they gave normal reactions to faradism. The lightning pains continued with varying degrees of severity for two years, at which time he was seized with intermittent fever. From this time onward to the discontinuance of my attendance, the pains never annoyed him. About two months after the attack of chills and fever, he awoke in the morning unable to speak. He was perfectly con-

* Diseases of the Nervous System, p. 172.

scious and could understand all that was said to him. There was no hemiplegia, that is by the time I reached him, and the family had noticed none prior to my arrival. The aphasia was complete for twenty-four hours only, after which it gradually began to improve, and at the end of three days it had entirely disappeared. By this time, the ataxia had invaded the patient's arms, so that he was unable to button his clothes or perform any movement of the upper extremities requiring coördination, without the aid of vision. He became affected with incontinence of urine which recurred at various intervals for over a year. At one of these times, owing probably to lack of cleanliness, an attack of balanitis was set up which resulted in loss of a portion of the prepuce from ulceration. The disease gradually spread upwards, finally giving evidence of invasion of the medulla. He would frequently have attacks of choking so severe as to indicate that any one of them might carry him off. My connection with the case now ceased after having had him under observation for nearly four years. This patient denied having had either gonorrhœa or syphilis. The two remedies which seemed to benefit him the most were Argentum nitricum 6^{x} and Picric acid 2^{x}. The former of these remedies was given almost without interruption during the first year of my treatment. It then lost its action, when I changed to Picric acid 2^{x}. For the severe attacks of diarrhœa, I, at first, gave him Arsenicum alb. 3^{x}, but this always made him worse; on substituting China ϕ for this, the loose movements were promptly controlled. When, during the latter part of my attendance, anæsthesia of the feet became profound, I gave him Zincum met. 3^{x}, but had no opportunity of watching its action.

Tabes dorsalis is not the only disease in which these apoplectiform attacks may appear; they are much more commonly met with in disseminated cerebro-spinal sclerosis and in general paralysis of the insane, in fact in any disease, as Charcot* has shown, in which sclerosed patches are found in the "different parts of the isthmus cerebri and particularly in the bulbus rachidicus."

4. *Epileptiform attacks* are a rare complication of tabes. I have never met with them. Like the apoplectic and apoplectiform seizures, they may appear in the pre-ataxic stage of the disorder, so giving rise to the diagnosis of epilepsy. Hammond † mentions a case under his treatment in which "there were repeated epileptiform convulsions with stupor in the intervals; in which latter condition, death ensued." Vulpian‡ reports the case of an ataxic, who had repeated attacks of loss of consciousness with, on one occasion, right-sided facial paralysis with aphasia, and a month later right-sided hemiplegia and aphasia. The author's description of this case makes it difficult to decide whether this was not truly an apoplectiform seizure instead of epileptiform.

5. *Vertigo* is a symptom which I have found occasionally present in many cases of tabes. In no instance has it ever

* Op. cit., p. 168.
† Diseases of the Nervous System, 7th ed., p. 614.
‡ Medical Record, vol. xxiii, p. 94.

assumed sufficient gravity to require attention in treatment. Marie and Walton* met with seventeen cases of auditory nerve-vertigo (Menière's disease) accompanying tabes. These authors attribute the vertiginous sensations of tabes to lesions existing in the cerebellar or bulbar origin of the nerve (the auditory), and of the special fibres of the eighth pair which supply the semicircular canals, and preside over the sense of space.

6. *Disorders of the Cranial Nerves* are very common in tabes, so common, indeed, that I think we may with safety claim, that no case of the disease ever completes its course without including among its symptoms some sign indicative of disturbance in the function of one or more of the cranial nerves.

a. *Olfactory Nerve.*—I have never met with a case of tabes exhibiting disorders of the olfactory nerves, nor do I know of any such, except that reported by Althaus,† in which, coincident with the onset of the spinal symptoms, the patient complained of perceiving a constant odor of phosphorus. Later, this gave way to complete anosmia.

b. *Trifacial Nerve.*—I do not think that the fact that lightning pains may invade the region supplied by the fifth pair of cranial nerves has received proper recognition. Such an occurrence is rare, however. About three years ago I was consulted by a woman, forty-five years of age, concerning a facial neuralgia from which she was suffering. The pains were described as of a darting shooting character. The pupils were extremely small, in fact, pin-hole in size. They did not react to light, and only feebly during accommodation. The neuralgia disappeared under the action of Gelsemium. The marked myosis remained. A further examination showed both patellar tendon reflexes to be entirely absent. There was also a slight degree of static ataxia. This patient afterwards died suddenly from rupture of an aortic aneurism, the rupture being due to organic changes in the walls of the bloodvessel rather than to the degree of dilatation it had undergone.

Facial anæsthesia is occasionally met with in tabes.

c. *Eye Symptoms* are very common in tabes dorsalis. They are the result of disturbance in function of the second, third, fourth and sixth cranial nerves. This class of symptoms includes diplopia, strabismus, myosis, mydriasis, Argyll-Robertson pupils, and optic-nerve atrophy. They have been

* Philadelphia Med. Times, vol. xiii., p. 867.

† Sclerosis of the Spinal Cord, p. 166.

dilated upon so frequently in text-books and journal literature, that I will give them only a passing notice.

Diplopia is the most frequently observed of these symptoms. In fact, I believe that there are very few cases of tabes dorsalis, in which diplopia has not existed in some one of the stages. It usually, however, makes its appearance early in the disease, long before the motor disturbances are manifested.

The Argyll-Robertson pupil is, according to my experience, of nearly as frequent occurrence as the diplopia. In this condition, the pupils react during efforts at accommodation but fail to respond to the stimulus of light.

Atrophy of the optic nerve, I have observed three times. In one of the cases, it was, with the exception of the absent knee-jerk, the only symptom observable, at the time the patient came under treatment. Lightning pains were developed later on. The reputed frequency of this symptom in tabes dorsalis is about fourteen per cent.

d. *Pneumogastric Nerve.*—Laryngeal symptoms are occasionally manifested. These may occur with varying degrees of severity. The milder forms may consist of simple choking "spells," while, in the most severe, the laryngeal spasm is so great, that respiration is arrested, and the patient may even fall down unconscious.

Paralysis of the abductors of the vocal cords occasionally appears. A case of ataxia with this symptom is reported by Dreschfeld.*

In a case of tabes dorsalis seen by me with Dr. H. E. Aldrich, the prominent symptom of the patient and the one for which he came under treatment was a frequently repeated sighing respiration. I know of no record of such a symptom having been observed in other cases of the disease. The only other symptoms complained of by the patient were a slight unsteadiness of gait at night and complete absence of both patellar reflexes.

Gastric crises, when they come on in the early stages of tabes, as they do in almost every instance, may give rise to errors in diagnosis. They are generally confounded with gastric disorders. One case is reported by an author whose name I cannot just now recall, in which cancer of the stomach was diagnosed notwithstanding that careful physical exploration failed to show the existence of a tumor. The long continuance of the disease (a number of years), and the final

* Medical Times and Gazette, September 17th, 1884.

supervention of lightning pains and ataxic gait with absence of the patellar reflex led to the true diagnosis. The symptoms of gastric crises are pain and vomiting. These may occur together or separately. The pain is of the most agonizing description, is most severe over the stomach, and radiates thence to other parts of the abdomen. If vomiting occur, the matters ejected may contain food, mucus, and bile, and even substances like coffee-grounds. These symptoms may go on for days and weeks, defying the best directed efforts at treatment. Suddenly, all sufferings disappear, and the patient remains comfortable, for weeks or months, it may be.

e. *Symptoms referred to the Auditory Nerve* are rarely met with in tabes dorsalis, yet such may occur occasionally. According to Althaus,* "the nerve of space or vestibulary nerve suffers more frequently than the cochleary or true auditory nerve." In case the brunt of the disease is borne by the former of these, vertigo is the prominent symptom, and this may or may not be associated with deafness. The tendency to fall in this vertigo, may be forward, backward, or to either side according to the semicircular canal, the function of which is impaired. In case of involvement of the cochleary nerve, deafness and tinnitus aurium are the chief symptoms. It must not be forgotten that the association of deafness with tabes dorsalis may be purely accidental; the affection of hearing resulting from strictly local conditions or from syphilitic involvement of the parts concerned in audition.

f. *The Spinal Accessory and Facial Nerves* may occasionally be involved. This, however, is of very rare occurrence.

CROUPOUS PNEUMONIA.

BY W. K. INGERSOLL, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

April 22d, 1885, was called to see a light-complexioned woman of rather full habit, æt. 30; who was taken with symptoms of pneumonia. Left upper lobe involved; rise of temperature not above 102⅕° F. Cough not excessive; no rusty sputum; little pain. The case seemed to progress naturally until the 26th, when signs of heart failure became manifest, and the patient died the morning of the 28th, with temperature nearly if not quite normal, and very suddenly, just after asking for a drink of water.

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* Op. cit., page 176.

In the evening of the same date, Dr. Goodno and myself held post-mortem. Making an incision from the manubrium of the sternum to the umbilicus, and opening the chest, we found the right lung almost normal in appearance, with some hypostatic congestion of its most dependent parts.

The left lung was solid from the apex to the middle of the lower lobe. There was no fluid in the pleural cavities: there was a plastic adhesion of the two surfaces of pleura over the diseased lung. The heart sac had a small quantity of clear serum in it. The whole heart was rather pale in color. The right auricle was filled with clot, extending somewhat into, and perhaps half filling the right ventricle. The left auricle was empty, as was also the left ventricle. The walls of the left heart, particularly, were thin and soft.

The microscopical appearances of the lung and heart, I show you on two slides I will pass to you.

The lung section was hardened in picric acid for 36 hours, then transferred to alcohol, stained in picro-carmine, and mounted in glycerin.

The second slide (of heart-muscle) was hardened in mullen-fluid for 5 weeks, not stained, and mounted in glycerin.

The lung shows the mesh-work of fibrin, within which are white blood-corpuscles, some few red, and here and there swollen epithelial cells. All these cells are more or less granular and represent the exudation well along in the stage of gray solidification.

The second slide will illustrate to you fatty metamorphosis of heart muscle. By focussing carefully, you may see the fine molecules of fat lying, apparently, in the centre of the muscle fibrillæ.

I bring this case before you to illustrate the cause, so often, of heart failure in croupous pneumonia, viz, fatty metamorphosis of the muscular fibre, and to bring out the opinion of the Society as to the pathogenises of the disease.

Aitkin, Watson, Niemeyer, Bartholow, and others, believe the trouble to be local in its nature, producing constitutional symptoms.

Flint, Wilson, Fox, Loomis, and many others are inclined to the view that it is a constitutional disease, of which the lung lesion is the material expression.

Dr. Draper first considered pneumonia as an essential fever in 1866, and since that time the number has been steadily increasing, of those who accept his idea as the most tenable explanation of the phenomena observed.

Let us briefly run over the essential pathological changes that take place in the lung parenchyma in pneumonia.

1*st*. A stage of congestion, which consists of a capillary insufficiency, or an arterial over-sufficiency, and consequent passive congestion in the arteries, which, you remember, in this case carry venous blood. A swelling of the alveolar epithelium.

2*d*. *Stage*. Red hepatization.

The small vessels give way over an extended continuous area of lung tissue, preferably the lower lobes, and there is a transudation of liquid plasma, red and white blood-corpuscles into the air vesicles, completely, or almost completely, destroying their function for the time being. In this stage there is some proliferation of alveolar epithelium.

3*d* *Stage*. So-called gray hepatization.

The red blood-corpuscles, leucocytes, fibrin, and epithelium undergo rapid degenerative changes. The cells are rapidly formed from a rich pabulum within the air-cell, which is soon exhausted, and they easily undergo granular and fatty change.

4*th*. *Stage of resolution*. All this time the lymphatics have had no interference with their function, "as has been fully demonstrated by injections of gelatin," etc. Therefore the debris of fibrin and broken-down cells are easily taken into the circulation. The vessels regain their tone, the epithelium becomes flat, lining the alveoli as in health. The connective tissue is not increased in amount and retains its normal elasticity; the lung being practically uninjured.

We are inclined to the opinion that croupous pneumonia is an acute essential fever; produced, probably, by a specific germ, not now positively known. We think it cannot be a local disease from the fact that we cannot produce it by artificially bringing about inflammatory or congestive changes simulating the pneumonia noted, preceding the solidifying of the lung, as we think would be the case if it were simply a local disease dependent upon disturbances of circulation.

Nor can we liken it to typhoid fever, as has been done. For the materies morbi in typhoid is usually active enough to produce actual molecular death of a part, with consequent inflammatory induration. In the common acceptation of the term I do not think we have an inflammation at all in pneumonia, unless we are willing to call the eruption of scarlet fever an inflammation of the skin.

In pneumonia we have the transudation of all the elements of the blood from a venous source and without increase of

connective tissue, which is quite different from our ideas of what takes place in inflammation.

The question will be asked: If it is a constitutional disease, why is not all the lung tissue solidified at once? For the reason that there is not blood enough to fill all the lung tissue at the same time.

ON THE THERAPEUTICS OF SCLEROSIS OF THE CORONARY ARTERIES AND AFFECTIONS ARISING THEREFROM.

BY PROFESSOR E. LEYDEN, BERLIN.

(Zeitschrift für clin. Medicin, 7 Bd. 5, 6.)

Translated with Remarks by S. Lilienthal, M.D., New York.

THE diagnosis of the disease is in typical cases without great difficulty. It is a cardiac affection, showing on the heart itself only slight physical aberrations caused by arterio-sclerosis, which we know from the age of the patient or from the touch which the artery gives us. Where clear attacks of angina pectoris are present, the diagnosis is fully established, and *vice versa* more difficult where they are absent, and we meet only asthma or symptoms of weakened heart. These symptoms may also depend on general arterio-sclerosis, on renal sclerosis, on fatty heart, or idiopathic dilatation of the heart. Especially in women we must differentiate it also from nervous angina pectoris or attacks of nervous palpitations, and prolonged observation may be necessary for a decision.

Prophylaxis is our first duty, and we must avoid, as much as possible, everything favoring the disposition to arterio-sclerosis and especially to that of the heart. Next to age and heredity which produce a disposition to arterio-sclerosis, we must consider the mode of life, on the one side high living with excessive formation of fat, on the other side hard labor, and especially emotions. With such persons, the best prescriptions are: moderate mode of life, bodily exercise, abstinence from too excessive labor, and from care and sorrow. Mental and bodily rest for a few weeks during summer, or a short sojourn at the springs, as Carlsbad, Marienbad, or Kissengen fully corresponds to such indication.

The real treatment of the disease must be considered in *relation to the paroxysm and to the interval.*

1. The treatment of the paroxysm requires, according to its intensity, different remedies and different energy of the physician. Slight attacks pass off by themselves with the necessary rest. Severe attacks, so painful and apparently threatening

life, need energetic treatment and continual watchfulness, till finally the paroxysm ceases or, at least, becomes bearable. Our aim must be to prevent the threatening paralysis of the heart with warm drinks, as coffee, tea, etc., wine, champagne, and with excitantia internally and hypodermically: Benzoe, Camphor, Ether, Valerian, Nux v., Tinct. barber and Moxib, etc. Digitalis must not be used in this stage, nor Kali bromatum, on account of their paralyzing action on the heart. The narcotics are also better omitted in severe cases, though they act well in cases of moderate intensity. As derivantia, mustard-leaves, blisters, dry cups, hot compresses, hot foot and head-baths.

Even when we succeed in preventing the cardiac paralysis, the patient has a long siege of sickness before him, and he may rest satisfied with a moderate state of health. Though we may expect a return of paroxysms; still where they become lighter from day to day, we may hope for a gradual restoration by a removal of the circulatory disturbances in the heart. This period of uncertainty may last weeks or months. During this whole time the chief indication is *strict bodily and mental rest.* According to the severity of the first attack, the patient must be kept in bed for a longer or shorter time, or, at least, in his room, all moving about must be strictly interdicted, as it increases the heart's action and thus reproduces the paroxysm.

The action of narcotics is sometimes miraculous. The favorable action of a Morphia injection is especially witnessed, as in analagous asthmatic attacks, when the intensity of the pain and of the oppression are the chief cause of the grave manifestations. We know very well that a Morphia injection cannot prevent the paralysis of the cardiac muscles, succeeding an arterio-thrombosis; here narcotics could only act injuriously, and in severe cases it is sometimes difficult to decide whether such an injection will be beneficial or hasten the collapse. The most experienced physician will justly hesitate in such a dilemma. In doubtful cases we might begin with small, very small injections, and repeat them when they acted beneficially. Generally the state of the pulse will decide, and a filiform pulse will be considered a contra-indication.

Morphia subcutaneously is, in many cases, well borne. Chloral weakens the heart too much. Codeine and Narceine are of doubtful use, but may be tried. A combination of Chloral and Morphia acts well sometimes, or Opium as Extr., or Tinct. thebaica, or as Pulvis Doveri. All other nar-

cotics are useless or dangerous, especially Kali bromatum, as the Potassium salts in large doses act paralyzingly on the heart. Cannabinum tannicum shows slight effect, and of Paraldehyde we do not know enough yet.

Narcotic inhalations, as of ether and chloroform, are recommended, but they are certainly not without danger, as they inhibit breathing and act injuriously on the heart, and the issue is doubtful.

2. Better known and more frequently used is the application of *Amyl-nitrite*, four or five drops on a handkerchief and inhaled. In consequence of its power of dilating the blood-vessels it is useful in all affections where a vascular spasm can be detected. But let us weigh the danger of using this remedy in a morbid process which may lead to a sudden paralysis of the muscles of the heart and which causes a fall in blood pressure and accelerated heart's action. Experience has confirmed this observation, and the use of Amyl-nitrite in stenocardiac attacks is generally considered dangerous; as seen, its quieting action is more than doubtful.

Nitroglycerine is hardly much used in Germany. *Natrium nitrite* (0.3–0. 6–1.2 : 160, three or four times daily a tablespoonful; or 7.5 : 180.01, two or three times daily a teaspoonful) is more in favor. According to Matthieu and Hay the latter acts well in angina pectoris, moderating the attacks and diminishing their return. Leyden did not witness the same good effects from it in stenocardia. Biaz considers the beneficial action of these three nitrites due to the nitrous acid (salpetrige Säure). Under the influence of acids the volatile acid is given off, and thus a part of hæmoglobine changed into methæmoglobinum, a body which remains unchanged when shaken with air. Thus the processes of oxidation in the body (internal respiration) are reduced by a narcotizing action produced. Hence we easily understand the danger of their application in organic angina pectoris. Krueger, Murray, and others affirm that even the usual dose of 0.1–0.5 of a pure nitrite may produce disagreeable symptoms, as headache, dizziness, nausea, palpitations, and their use, therefore, cannot be recommended in such a dangerous disease as angina pectoris.

3. Of other narcotic drugs the preparations of Bromium or Belladonna (Hyoscyamus) may sometimes be interpolated, but we cannot expect much of them, as in larger doses the paralyzing effect of the Kali on the heart, and the paralyzing effect of Belladonna on the pneumogastric must be considered.

4. It is extremely difficult to hit the right use of *Digitalis*.

It is indicated by the weakened state of the heart, by the slight pressure in the aortic system, by the very rapid pulse, and the inhibited diuresis. But there is danger that the cardiac muscle threatened in its nutrition by the morbid state of the coronary arteries may be paralyzed by the Digitalis, and the fatal issue thus hastened. In acute cases of angina pectoris, Digitalis is better let alone or prescribed only tentatively in very small doses; but in chronic cases, where the symptoms of disturbed compensation of the heart prevail, where attacks with threatening œdema pulmonum arise, Digitalis will be always indicated and given in larger doses. Applied at the right moment, Digitalis acts well under these threatening circumstances, whereas, wrongly prescribed, it can only bring injury. The same principles govern the use of Adonis vernalis, Convallaria, Squilla. The Alkaloids of Digitalis are uneven in their action under such dangerous circumstances, and the same may be said of Veratrinum, Helleborinum, etc.

5. Diuretics are indicated when micturition ceases, whether kidneys and heart are simultaneously affected or not. But the state of the renal secretion is not the chief point to be here considered, the indication for diuretics is only of secondary importance. The simple diuretics, as Squilla, diuretic salts, and springs (Wildungen, Berlin, etc.) may be considered at the same time with Digitalis and similar drugs. *Caffeinum*, especially Caffeinum citricum in doses of 0.1–0.5, several times daily, is not only a diuretic, but also a cachecticum and tonicum for the cardiac muscle, and tea as well as coffee have always been successfully employed in weakened heart. Caffeinum certainly increases the action of the heart and diuresis, and may, therefore, be repeatedly given in angina pectoris and asthma cardiale.

6. Tonica and analeptica. In all morbid processes, where we meet danger from paralysis of the cardiac muscle, where in stenocardiac and asthmatic attacks, critical symptoms of weakened heart appear, tonica and analeptica are indicated during the paroxysm and during the interval. In severe cases such stimulants are: Valerian, Ether, Camphor, Benzol, Musk, and stimulants to the skin (hot compresses). In relatively free intervals tonics, as infusum Chinæ, vinum Chinæ, Quinine, Nux vom., etc., find their indications.

7. Nervina are simultaneously analeptica, but weakening nervina, as the combinations of Brom. and Kali, are hazardous. Drugs like Asafœtida are valueless.

8. *Specific remedies* for severe cases are not to be found.

Some praised Kali iod., probably on account of its real use in bronchial asthma. Arsenic is lauded by others in chronic cases of angina pectoris. Very doubtful drugs are Chininum bromatum, Lobelia, Quebracho.

9. *Electricity.* Considering angina pectoris a vaso-motory symptom, electricity, and, especially, galvanization of the sympathetic, was praised. In genuine angina pectoris it will never be of any value.

10. *Hot baths.* Hot baths, especially hot foot and head-baths are indicated and indispensable in severe cases of angina pectoris. Scholz and Schott praised lately the favorable action of baths and springs rich in carbonic acid (Cudowa, Manheim, etc.) in cardiac affections, but angina pectoris must be excepted, for the carbonic acid may act injuriously on the action of the heart.

11. *External means and derivantia.* Cold, in the form of ice bladders, must be contra-indicated in a disease with stenosis or obstruction of the arteries. Heat is needed and must be applied in every possible manner. Derivantia, as blisters, pustulating ointments, Iodine, etc., may be used, but they are of hardly any benefit.

And all this is what a Leyden, one of the best clinicians in Europe, says about the treatment of organic angina pectoris. He even leaves out one of the best means for alleviation of the paroxysm, the hot rubber-bag over the heart and the pit of the stomach, which we always found to give great relief.

The stone which the builders rejected poor Homœopathy takes up and makes it the cornerstone.

In Jahr's *Forty Years Practice*, p. 214, we read of a patient, sixty years old, arthritic and affected with ossification of the valves, who from time to time, especially when walking, and sometimes at night, was suddenly attacked with tightness about the heart, pressure on the chest, difficulty of breathing, and a suffocative constriction of the chest which sometimes became so distressing that he perspired from agony and became weak even to fainting. A single dose of Arsenicum 30th, two globules, given during the paroxysm, relieved it almost immediately, followed at long intervals by Veratrum and Spongia; but Arsenicum finally warded the attacks off for over two years —and Jahr is a reliable witness.

Our latest and grandest homœopathic work is Arndt's Encyclopædia, and E. M. Hale has a good article on Angina pectoris, and we find there especially such remedies recom-

mended, which Leyden fears to apply. Thus (vol. i., p. 471) he gives us a good picture of the Glonoine angina: dyspnœa, oppression of the chest; pain in chest, like tension, with frequent inclination to deep inspiration; contraction of the chest, as if chains were being placed around it and tightened more and more; constriction and oppression of the chest, with perceptible palpitation; sharp stitches in the region of the heart; great anxiety in cardiac region; shocks in the heart with pricking pains in hands and arms; when stooping, stitching pains in the heart, so violent that he feared to bend forward; *face hot and flushed, or pale and cold.* This double action must guide us in the selection of the dose.

How Leyden fears the cumulative action of Foxglove! It is to him the two-edged sword, and still Hale recommends it highly, when there is present the abnormal action, absent, small, irregular, or intermittent or slow pulse—with great anxiety and oppression of the chest, with tendency to syncope and vertigo, with anguish and pain under the sternum or in the epigastrium—with pain down the left arm. It is indicated also when there is present valvular disease of the heart, or dilatation.

With it we find under Digitalis: mental anguish with vertigo and fainting; heart's action more vigorous than the pulse. In advanced cases, when the disease sets in suddenly, drawing, tensive, spasmodic pains in left chest and sternum, towards nape of neck and upper arm; indescribable deathly anguish when fits come closer together during progress of disease.

Hughes (*Pharmacodynamics*, 463) says: "For myself, Digitalis has always been a valued remedy in weakness of the heart. I have regarded it as a cardiac tonic in disease because it is a cardiac debilitant in health. Simple enfeeblement of the muscular walls of the heart had seemed to me to be a very common condition. Digitalis is useful in proportion as the symptoms depend upon irregularity of the heart's action. In relation to the dose we must consider whether the deficient arterial tension is due simply to enfeeblement of the cardiac muscle or to embarrassment of its (otherwise normal) action through alteration of the valves."

Caffeinum, as well as coffee and tea, act well in angina pectoris and asthma cardiale; so says Leyden, and we agree with him, because palliatively they are analeptics and toxics. We give in the same spirit Coca, especially Vinum Mariani, the best combination of Coca with Bordeaux, for we read under Coca: Angina pectoris while climbing, sudden attacks of

cramps in chest, coldness, pulse weak, rapid, small, numbness of hands and feet, excessive lassitude, must rest; given in time, it will ward off the attack.

But for a cardinal remedy in organic angina pectoris, *Aurum* runs a good race with Arsenicum in relation to efficacy, and just like the latter will often act well even during the paroxysm. Venous stasis prevails; if let alone, the patient thinks about nothing but his ailments; great nervous weakness with utter despair; the beating of heart causes anxiety and sleeplessness, and feels uneasy till the heart beats more quietly; great weight on chest, especially heavy on sternum; feeling as though the heart ceased beating for awhile, and then at once a hard thump is felt, or the beat of the heart sharp and metallic, but no other abnormal sounds; great restlessness; changes his position very often, by moving about, walking, especially in the fresh air; suffocative fit, with constrictive oppression of the chest; falling down unconsciously, with blueness of the countenance, lips deep red; palpitations which he can feel and hear, after fright and emotions.

Would it be a crime in the sight of Hahnemannians (not of the HAHNEMANNIAN) to allow a few whiffs of Nitrite of amyl for the immediate relief of the paroxysm, though Arsenicum or Aurum may be the remedy for the diseased states?

Raue (*Pathology*, 463) recommends Arsenicum, Lachesis, Chininum arsenicosum when dropsical symptoms with venous hyperæmia and cyanosis make their appearance, to which we would certainly add *Adonis vernalis*, though Leyden mentions it with a shrug of his shoulders; we are here in perfect accord with Professor Hale (*American Homœopathist*, April, 1885) who relieved the cardiac symptoms rapidly as soon as diuresis was fully established. This diuretic action in connection with its bracing up the enfeebled cardiac action is that which gives this new drug its place in our Materia Medica, rivalling Digitalis, and differentiating it strictly from that other cardiac drug, *Convallaria majalis*, which also gives us great dyspnœa on the slightest exertion, intense pain in the heart from vaso-motor spasm and paresis of the pneumogastric. Professor Sée, of Paris (*U. S. Dispensatory*) has elaborately investigated the action of the extract of the whole plant and concluded that it is a very important cardiac remedy, acting as a direct stimulant to the heart muscle and in overdose causing systolic arrest. He found that it elevates the blood-pressure and acts very much like Digitalis; but depresses the inhibitory nerves. It is especially useful in cardiac valvular affections when the heart is

weak and dropsy exists. Under these circumstances it is actively diuretic.

In Dr. Lane's proving of this drug (*N. A. J. of H.*, vol. 31, p. 600), Professor Dowling examined the heart of the prover and found: area of cardiac dulness normal; movements of the heart could not be seen by inspection; by palpation the heart could be felt beating as hard as normal against the chest-walls; apex in normal position; no mitral or tricuspid regurgitation; all sounds normal, except being somewhat weak; pulse very weak and easily compressible; when hand was extended above the head the pulse was slightly dicrotic. About ten days later another examination revealed: heart-sound feeble, pulse compressible, scarcely perceptible; anæmic murmurs over the jugular veins.

We see now that the action of Convallaria differs totally from that of Adonis and Digitalis on the heart. It would be very desirable if Professor T. F. Allen or Professor Farrington would give us a differential diagnosis between these cardiac drugs, as each certainly has a personality for itself, and cannot be substituted one for another, as Leyden and his school imagine and teach.

There is hardly a remedy which has such a *sudden agonizing pain* in the heart as *Naja tripudians*, especially when caused by valvular disease of the heart. Allen (*Encyclop.*, vi., 4to) gives us: feeling of depression and lowness about the heart; whilst writing had a sudden attack of fluttering about the heart, with rising in the throat; audible beating of the heart; a peculiar oppression about the heart; pulse irregular, both in rhythm and in force; pulse hardly perceptible; neither pulse nor breathing—and among the urinary symptoms: the urine has been densely loaded with lithates and mucus; urine of a deep yellow straw color. It is well known that gout and atheroma are no strangers to each other!

Lachesis can never take the place of Naja trip., though our English brethren hardly ever differentiate between them. Hering considers it more indicated in rheumatism of the heart with anxiety about the heart and suffocation on lying down, must have windows open; spasmodic, suffocative feeling with palpitation on exertion; irregular action of the heart. It is our great remedy for blood-poisoning, and must here be compared with Crotalus, Tarantula cubensis and others.

I might keep on and offer the wealth of our positive Materia Medica to the members of other schools. They are wedded to their idols and do not believe that anything good can come out of Nazareth.

HOW TO CHANGE THE BED CLOTHES.

Fold up the under sheet small and flat through its whole length, till it reaches the patient's body, then take a clean sheet well aired, and warmed if the weather is cold, and fold half of it up small and flat through its whole length: lay this folded part next to the patient, pushing before it the soiled under sheet folded in the same way; press down the mattress close by the patient and gently work the two folds, the soiled and the clean one, under the back and shoulders; raise the head and feet slightly to allow the folds to pass; by this sleight the soiled linen can be removed with the same motion which puts on the fresh piece; this being done, it only remains to pull down the sheet smoothly and tuck it in. The pillows should be changed several times a day by slipping a cool fresh one under the patient's head, and removing the warm one.

If the bed is sufficiently wide, the patient's position may be changed from one side to the other by gently turning, and never dragging him. By care in this way half the bed is always fresh and ready. When allowable, an extra bed for the night is an excellent provision. The best mode of changing the upper sheet is, first to air and warm a clean one, and then make it into a roll; next, commence with it at the foot of the bed and push it under the sheet which is to be removed, and bring it up as smoothly as possible, unrolling it as it is moved up; when the patient is covered by it, draw down and remove the soiled sheet at the foot of the bed. In this way there is no danger of chilling the patient. Sheets should be changed morning and night; but if the supply is limited to two or three these can be alternated by hanging the one taken off in the morning by a window to air through the day for night use, and the one taken off at night to be hung in another room for use next morning. If possible, the patient should have two shirts, one for the day and one for the night, and also two sets of blankets for the same purpose; airing and warming them in the same manner as directed for the sheets. Nothing should be aired in the room. Remove soiled articles of all kinds at once.—Dr. George B. Moffett, in *Sanitary Monitor.*

A Ready Method of Stopping Hiccough.—A Brazilian physician, Dr. Ramos (*Bull. Gén. de Therap.*), states that refrigeration of the lobe of the ear will stop hiccough, whatever its cause may be. Very slight refrigeration will answer, the application of cold water or even saliva, being sufficient.—*N. Y. Medical Journal*, July 11th, 1885.

THE
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Editors,

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☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

STATE APPROPRIATIONS TO HOMŒOPATHIC HOSPITALS.—The Legislature of Pennsylvania, at its recent session, appropriated $50,000 to the Homœopathic Hospital of Pittsburgh, in addition to a similar sum donated two years ago, and $20,000 to the Homœopathic Maternity of Philadelphia. Both of these appropriations received the executive approval, and these institutions will, by this timely and deserved assistance, be greatly aided in their benevolent work among the deserving poor. The Pittsburgh Hospital is thus almost entirely relieved of a heavy debt which had been hanging over it and crippling its energies. So far as we are informed, we believe that more than a score of allopathic institutions received similar aid from the State authorities.

The Hospital department of the Hahnemann Medical College of Philadelphia, also made application for an urgently needed appropriation. This institution has been, for many years past, singled out from among all the other benevolent institutions of the State, and its applications for State aid, in every instance, refused. Sometimes it has been for one reason,

sometimes for another, sometimes for no assigned reason whatever. To the friends of the institution, these "reasons," as we call them by way of courtesy, always appear to be framed in such a manner as to be sure to strike this particular hospital. Other hospitals *may* be included in the unfavorable discrimination, *this one* MUST *be;* so it always is and always has been. It is not to be wondered at that the managers of the hospital have come to regard these "reasons"—one and all—as so many flimsy pretexts and unmitigated pretences. They know very well, even if they cannot prove it, that back of these persistent denials, there is at work a persistent and tireless enmity which aims at the destruction of the college's prosperity and the hospital's usefulness, and that it is through the influence of this agency that every application for State aid has thus far been defeated. Part of this hostility is allopathic, but not all of it. There is a "lay element" in Philadelphia which is strongly suspected of having defiled its hands in this infamous business, and which either forgets that *it* also "lives in a glass house," or else counts safely upon that more intelligent benevolence which would scorn to throw a retaliatory stone to strike down the sick and helpless poor.

The hospital managers, careful to fulfil the requirements of law, preferred their application through the State Board of Charities. That board promptly disapproved it without an investigation and without a hearing. At the special request of the managers, a hearing of the case was subsequently had before a committee of the board. The pretext under which the Board of Charities endeavored to strangle the proposed appropriation bill, was that Philadelphia had already more hospital accommodations than she needs, and that the State's benevolence ought to be given to those who are destitute of such facilities. It was, however, proved to the board's committee, that a quarter of a million of Philadelphia's inhabitants, so far from being oversupplied, are absolutely destitute of hospital accommodations, save only as this one repudiated and persecuted hospital is able to supply them. With this knowledge before it—with the bottom knocked out of its specious plea—the board still maintained its now baseless attitude, and proved beyond question that its interest in Pennsylvania's destitute citizens was but a shallow pretext, and that its professed desire to favor appropriations where they were most needed was but the thinnest possible pretence. Not the slightest attempt was afterwards made by the board, to replace the mask that had been torn from its face; and its mendacious "excuse" remains on record.

The members of the two legislative Houses, however, thoroughly disgusted with the shameful treatment to which the hospital had been heretofore subjected, determined that they would not be a party to its continuance. So meritorious did the hospital's claims appear, that there was no difficulty whatever in securing the requisite two-thirds majority to pass the bill. In the Senate, indeed, the sentiment in its favor was almost unanimous. The Governor's sympathies were known to be strongly enlisted in the institution, he had expressed himself as favorably disposed toward the bill, and his approval of its provisions was believed to depend only upon the ability of the State treasury to make the requisite disbursement. It was known that a number of appropriations to public charities would, of necessity, be vetoed in order to bring the State's expenditures down to a level with its estimated revenues; but it was also known that even a superficial knowledge of the comparative merits of the Philadelphia hospital should certainly exclude it from this unfavored list. The Governor, however, says that when he sought to make the necessary discrimination among the various institutions, he found himself "without the requisite information." (To furnish such information was one of the chief objects for which the State Board of Charities was created.) The Governor therefore determined to veto all those appropriations which had not received the approval of this board, and the lightning, once again, struck just where it always does, upon the Hahnemann Hospital of Philadelphia. The credit of the Treasury was saved at the expense of this particular institution, and with enough to spare to have paid its appropriation had the bill been approved.

Had the Governor's veto been based upon any reason involving his own personal judgment, it would have been accepted philosophically, even if not very cheerfully. But the fact that he accepted, as its basis, the dictum of a board whose dereliction and untrustworthiness he had publicly advertised in the selfsame veto message, excited amazement and indignation even among many who felt little personal interest in the institution.

Three crosses stood on the hill outside of Jerusalem, but the world saw only one. The association of the Hahnemann Hospital with a number of other institutions in the gross injustice which has been meted out to her, must not be allowed for a moment to hide this central figure, and its ceaseless persecution at the hands of the State's authorities, from the eyes of our citizens. If every other application of the kind for State

aid to hospitals had been vetoed for good and sufficient reasons, or for no reason, *this* ONE *ought to have been granted.* We make this statement fearlessly, because we *know* it to be true. Not one of the institutions of the kind, that received appropriations, presented, or could present, claims equal to those which this institution laid before the legislative authorities. This hospital stands alone—unique. The rejection of her application is one thing. The refusal of those of a dozen, yea, of a hundred others, is a totally different thing. They cannot, must not, be considered together. The health-conserving influence of *her* beneficence is felt in *all* the hospitals, yes, and in all the homes of this vast commonwealth. Which of those successful applicants can say one-tenth as much?

Two years hence there will be yet one more effort to obtain this long-delayed and often-denied justice. The same "reasons" that were considered good and sufficient for the denial this year, will still be in existence then; aye, and for twenty years to come. Are we still to understand that because our neighbors have more than they need, we are to have nothing?—that the cry of the starving widow for bread is to be denied because she lives between a Gould and a Vanderbilt? Such is the wondrous reasoning of the Board of Charities. It was considered good enough reasoning this year. It will have no less—and no more—sense in it, two years hence than now. If such sense is to commend itself to future governors and legislators, the Hahnemann Hospital will have to renew her application, not once, but a score of times. Yet all the same, she will persevere until some future executive and legislature shall have learned to estimate such reasoning at what it is worth, and to answer the fool according to his folly.

If we had the ear of the Governor and legislature we would ask them a few questions:

1st. Is not the right of petition abridged by any law that requires the petition to pass through a non-legislative board, by whose action its reception in either House may be prejudiced?

2d. If the legislature may practically refuse to receive petitions of a certain kind during its sessions, and for two months preceding the sessions, may it not also refuse to receive them during the remaining five or six months of the year? And may it not extend its restrictions to all other petitions?

3d. By what authority did the legislature of 1869—the one which created the State Board of Charities—undertake to restrict the law-making functions and prerogatives of succeeding

legislatures, by forbidding them to pass certain appropriation bills? Is not the constitution the only instrument governing legislative action?

4th. Does not the vetoing of all bills disapproved by the Board of Charities (and no others), and making that disapproval the only reason, amount to a practical transfer of the veto power to that board?

5th. Does it seem reasonable to confine the Governor's veto power, in ordinary legislation, within a two-thirds majority of the two Houses, and then to allow that greater majority to be overridden by a board on whom the constitution confers no legislative prerogatives whatever?

Fortunately, the plans of the hospital managers will not be defeated by this latest misuse of public authority. The work of raising money from private sources will be pushed with increased energy, and when the hospital's prosperity is assured, its official foes of to-day will, as usual in such cases, be among the earliest and most lavish in their shallow congratulations.

About Institute Politics.—We are surprised to learn that one or more of the gentlemen whose names were prominently before the American Institute in relation to the office of President, have felt hurt at our last month's editorial, in which we spoke of the improper agencies used to influence the election.

We wish, therefore, to add, that we have heard no intimation that any one of the "candidates," so-called,—had anything whatever to do with the questionable business. We do not believe that any one of them is capable of getting down to so low a level. It was their professed "friends" that we had in mind when we wrote—those who, by their ill-advised measures, placed those whom they wished to honor, in an unfavorable light before the Institute and before the profession, by acting as if they believed their respective candidates "could not be elected upon their merits," or else were "not worthy of the position." We said very plainly in our editorial that "there is no valid reason why any of the more prominent members of the Institute should be made the subjects of such a doubtful compliment."

One thing more—*two* things more. First, the presidency was not the only office to which we had reference. Secondly, no charge of "offensive partisanship" against any one of those elected to office will hold. Every one elected is worthy of the Institute's confidence, and should have the full respect and hearty coöperation of all the members.

Notes and Comments.

The Memorial Notice of the Late Professor Guernsey is unavoidably deferred until our September issue.

The American Observer started out on its twenty-first annual volume, July 1st. We are glad to state that Dr. E. A. Lodge, the veteran editor, has completely recovered his health, and that his journal gives promise of a vigorous future.

The Cholera Epidemic in Spain is creating terrible havoc. The deaths reach nearly one thousand per day—a mortality rate of above forty per cent. The disease is spreading through the northern provinces. The danger that it may yet secure a foothold west of the Atlantic is by no means past.

More Light!—Joseph Taylor, the young fiend, recently executed in Philadelphia for the murder of his keeper in the Eastern Penitentiary, and who, it is said, had drawn knife and pistol on more than two scores of people, resorted to the "insanity dodge" in his defence before the jury. The autopsy showed his brain to be "lop-sided;" light in weight (43 ounces) and some of its sulci not normal in depth. It is to be hoped that these scientific autopsies will be continued until the material is all used up. They furnish very enjoyable reading. Give us some more, right away!

"Alcohol" is the subject of an interesting and instructive paper by Dr. A. C. Rembaugh, of Philadelphia, read before and published by the Philadelphia Social Science Association, 720 Locust Street. All the doctors in the land should read it. Its clear, cold facts effectually dispose of the "moderate drinking," "non-alcoholic substitute," "high license," and other plausible and quackish frauds, recommended to the body politic as "cures" for the rapidly increasing drunkenness of America. There is but one cure for the monstrous evil, and *whenever that fails, it is proof positive that it has not been tried.*

Another Discovery.—Our allopathic brethren are learning that biniodide of mercury is a valuable remedy in severe cases of diphtheria. (See *Journ. Amer. Med. Assoc.*, July 11th, 1885.) We have not the slightest objection to their making these "discoveries" as rapidly as they please, but we are curious to know *how* they make them. "Experience?" Oh, no! the experi*ment* must come first, gentlemen; the experi*ence* afterwards. Now tell us, please, *what led you to make the experiment?* We have asked you for this information on several occasions. Why *don't* you answer? Is there a "conspiracy of silence" among you?

The North American Journal of Homœopathy has been purchased by an organization known as The Journal Publishing Club, and is to be issued monthly instead of quarterly as heretofore. Its veteran editorial manager, Professor Lilienthal, has resigned his editorship, as indeed he has also his other official positions, and is enjoying a well deserved rest in Europe. The new editor will be Dr. George M. Dillow, who will be assisted by Drs. Beebe, Wilcox, Sterling, Danforth, Leal and Porter. The new venture gives promise of good things for the profession. It must surely receive hearty support.

A Cute Proposition.—At the last meeting of the Pennsylvania Allopathic Society, a resolution was adopted declaring it to be the sense of that body that foreign diplomas requiring indorsement by colleges in this State, could be properly indorsed only by the same kind of college, and that it is irregular to have homœopathic colleges to indorse diplomas other than those of their own school.

This would be an excellent method of preventing homœopathic physicians,

graduates of allopathic colleges, from locating in Pennsylvania. But the thing won't work. The faculty of the Hahnemann College cannot be caught napping in just that way. Moreover, when that college wants advice from an allopathic State society, she will probably ask for it.

New Publications.

On the Wasting Diseases of Infants and Children. By Eustace Smith, M.D. Fourth Edition. Wood's Library of Standard Medical Authors. 1885.

The mere announcement that the above is the fourth edition of the work, is of itself a sufficient testimonial of its popularity among the members of the medical profession. The book contains ten chapters, the first of which treats of simple atrophy from insufficient nourishment. The instructions there given of dietetic management of infants are such as have been indorsed by the experience of many physicians. The remaining chapters of the book treat successively of chronic diarrhœa, chronic vomiting, rickets, inherited syphilis, mucous disease, worms, chronic pulmonary phthisis, caseation of the lymphatic glands, and the diet of children in health and disease. In all, the subject is well handled. B.

Berlin as a Medical Centre; A Guide for American Practitioners and Students. By Horatio R. Bigelow, M.D., Sandy Hook, Conn. New England Publishing Co., 1885.

This book claims to be a guide for medical practitioners and students in Berlin. It gives full information concerning the expenses attendant upon a course of study in that city, boarding, matriculation, etc., and closes with a map of the city whose advantages as a medical centre it so ably presents. B.

Publications of the Massachusetts Homœopathic Medical Society, 1884.

A volume containing many papers of great value. Among those of special interest to our school may be mentioned the paper by Dr. Wesselhoeft, dealing with the question "Is the Homœopathy of Hahnemann the Homœopathy of to-day"? that by Dr. Wesselhoeft on "Glonoine in Acute Mania," that by Dr. Talbot on Guaco, and the report of a case of nitric acid poisoning by Dr. J. Heber Smith. B.

A Treatise on Asiatic Cholera. Edited and prepared by Edmund C. Wendt, M.D., in association with Drs. Jno. C. Peters, Ely McClellan, U. S. A., Jno. B. Hamilton, U. S. Marine Hospital Service; and Geo. M. Sternberg, U. S. A. Wood's Library of Standard Medical Authors, 1885.

An *admirable* compilation of all that relates to the history, etiology, symptomatology, pathology and prevention of cholera. The treatment recommended is however not such as we can indorse. B.

HANDBOOK OF DISEASES OF THE SKIN. Edited by H. Von Ziemssen, M.D. Illustrated with eighty wood engravings and color prints. New York. Wm. Wood & Co., 1885.

Ziemssen's Encyclopædia, which was published some time ago, by some oversight contained no volume on Diseases of the Skin. This defect has just been remedied by the publication of the handsome quarto volume of 646 pages which lies before us on our table. This volume, the publishers propose to present free of all charges to every subscriber to Ziemssen's Encyclopædia. They therefore desire that all subscribers to that work shall send them their present address together with their address at the time of giving their subscription.

In the preparation of his "Handbook of Diseases of the Skin," Ziemssen has secured the collaboration of such high authorities in dermatology as Auspitz of Vienna, V. Babes and Schwimmer of Budapest, Geber of Klausenburg, Lesser of Leipzig, Michelson of Koenigsberg, Neisser of Breslau, Unna of Hamburg, E. Veiel and Th. Veiel of Canstatt, and Weyl of Berlin. As is to be expected, these men have given to the profession a volume on diseases of the skin of immense practical value and second to none thus far published. The translators have done their work well. They have rid the book of that heavy German style found so objectionable to many American readers.

The publishers have done their work as thoroughly as the authors have theirs, and that is saying considerable. Paper, print, and cuts are all that the most fastidious reader could require.

We trust that the circulation of the book will be extended further than among the original subscribers to Ziemssen's Encyclopædia. B.

URINARY AND RENAL DERANGEMENTS AND CALCULOUS DISORDERS—HINTS ON DIAGNOSIS AND TREATMENT. By Lionel S. Beale, M.D., Professor of the Principles and Practice of Medicine in King's College, London. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1885.

Professor Beale is such an authority on all matters of microscopic interest, that any work by him on the diagnosis and treatment of disorders of the urinary tract must be hailed with pleasure by the profession. He dwells on the importance of taking copious amounts of diluents, in order to secure a proper dilution of the animal fluids, and a free washing out of the tissues, urging that many people eat too much, and do not take fluids enough to aid the assimilative process, and effect the easy solution of excrementitious material in the natural physiological duties of the system. In his treatment he advocates bleeding, free purgation, sudorifics, heat to the surface applied by hot-air baths, and cupping. For convulsions, in the course of urinary diseases, he advises the inhalation of ether and chloroform. With regard to diet, he is a strong advocate of the milk treatment. In diabetes, he cautions the practitioner, in testing urine, not to conclude that in urine of low specific gravity there is no sugar present, for various influences may change the specific gravity of diabetic urine, such as copious draughts of tea or

water by the patient a little while before the specimen is saved for examination. He closes with a few remarks on the removal of a stone from the kidney, as well as on the operation of nephrotomy, and refers to Professor Billroth's statistics of 132 cases of extirpation of the kidney, of which 70 recovered and 60 died. The book is valuable, and the ideas are presented in very clear style. B. W. J.

Gleanings.

Clinical Study of the Liver, Viewed through the Urine.—Dr. George Oliver regards the clinical tests hitherto employed for the detection of bile salts in the urine as unsatisfactory. Experience with Pettenkofer's test has been most disappointing. The test which Dr. Oliver proposes for the direct detection of the bile salts in the urine is a purely physiological one, for it is based on a reaction which belongs to the bile itself as it flows into the intestines. When the products of gastric digestion—peptone and parapeptone—which leave the stomach in a state of acid solution, meet with the bile, they are precipitated as a tenacious layer, all over the villi of the lining membrane of the duodenum. The same physiological fact is illustrated outside the body by acidulating by means of citric or acetic acid albuminous urine, or urine charged with peptone, and treating it with a solution of the bile salts, or by ox-bile, freed from pigment, mucin, and fat, when the proteid is precipitated. This precipitate fails to dissolve on the application of heat but vanishes on the addition of acetic acid. Dr. Oliver, therefore, employs an acidulated solution of a proteid in order to detect the presence of the bile salts, or their derivatives in the urine. Acidification is a necessary condition of the reaction. If equal parts of an albuminous and of a jaundiced urine are mixed, the transparency of the mixture is unaffected; but on dropping in a citric test paper a cloud of precipitated albumen collects below, with, however, this peculiarity: the coagulated albumen forms a zone just above the bottom of the tube, where, indeed, the urine remains clear, because the large amount of acid concentrated at this part prevents the precipitate from appearing there. Urine of normal reaction, containing albumen and bile salts, will have the proteid precipitated by the mere addition of an organic acid. On running diluted albuminous urine acidified by acetic acid over a jaundiced urine, a sharply defined white band or zone of precipitated albumen will be noted along the plane of contact of the urines. On substituting for the acidulated albuminous urine an acidulated antiseptic solution of peptone, a very delicate test solution was obtained. When twenty minims of urine, containing bile-salts in pathological quantity, are run into sixty minims of the test solution, an opalescence appears proportionate to the amount of the bile derivative. It differs from all other urinary precipitates induced by an acidified reagent in dissolving up completely on adding a drop or two of acetic acid or a citric test paper, and in diminishing, but not disappearing, on boiling. The test is very delicate, as it will enable one to detect one part of bile salt in 18,000 parts of a chloride of sodium solution. The bile-salts are the only substances in the urine which will produce this reaction. The urine before treating should be diluted to a specific gravity of 1008. In every case the urine tested should be quite clear. The quantitative estimate of the bile-salts is made by comparison with a standard of opacity. For this purpose Dr. Oliver uses Alumina precipitated by Ammonia. To sixty minims of the test solution the urine of the specific gravity of 1008 is added, in ordinary cases ten or twenty minims at a time, and allowing a minute to elapse after each addition, until the opacity induced is seen to be exactly equal to, or to

slightly overstep that of the standard. If fifty or sixty minims of the urine bring the opacity merely to that of the standard, the proportion of bile-salts is not outside the normal range in the direction of increase. The smaller the amount of urine needed the larger the proportion of the bile-salts present, according to the following table:

URINE.			Percentage of Increase of Bile-salts over Normal Maximum.	URINE.			Percentage of Increase of Bile-salts over Normal Maximum.
Drops	or	Minims.		Drops	or	Minims.	
1	"	2, . . .	3000	20	"	40, . . .	150
2	"	4, . . .	1500	25	"	50, . . .	120
3	"	6, . . .	1000	30	"	60, . . .	100
4	"	8, . . .	750	35	"	70, . . .	83
5	"	10, . . .	600	40	"	80, . . .	66
10	"	20, . . .	300	45	"	90, . . .	50
15	"	30, . . .	200				

Increase of the bile-salts beyond 700 per cent. over the normal maximum is met with only now and then.—*The Lancet*, April 18th and 25th, 1885.

On Gastric Neuroses.—The functional disorders of the stomach dependent upon pathological conditions of its nervous supply, frequently present unusual difficulties both as to diagnosis and to treatment. A higher perfection of our microscopic and other scientific aids will possibly furnish some definite pathological data which will serve as a rational guide to the therapeutist, but at present clinical experience is our sole criterion in the treatment of gastric disorders, and clearly testifies to its scantiness and insufficiency. But the diagnostic acumen of the practitioner is often more at fault than the energy of his therapuetic measures, and a proper attention to the gastric nerve supply would lead to results unattainable by the treatment of a possibly healthy mucous membrane and normal gastric juices. Dr. Oser of Vienna read a paper on the various forms of gastric neuroses before the College of Physicians of Vienna, which well deserves general attention. The nervous gastric disorders are conveniently classified into neuroses of motility, sensibility and secretion. (The existence of vaso-motoric and trophic neuroses seems undeniable though our knowledge respecting them is of the most scanty character). The neuroses of motility are divided into those caused by increased and those caused by decreased motility. The members of the first group are: 1. A condition analogous to rumination in certain herbivora, which is usually caused by paresis of the cardiac orifice, though augmentation of gastric peristalsis is an additional causative factor. Mild forms of rumination can be relieved by energy of will, dry diet, suitable position after meals, and faradization of the cardiac orifice, while severe forms lead to grave complications and may terminate fatally. 2. Insufficiency of the pylorus, which was first accurately described by Ebstein, and can be diagnosticated by the gradual distension of the stomach by carbonic acid gas. 3. Gastroplegia or muscular insufficiency of the stomach. Among the motor neuroses depending upon augmentation of the motor power we count: 1. Cramp of the cardiac orifice, often to be diagnosticated by the œsophageal bougie. 2. Cramp of the pylorus, caused often through reflex action from fissures of the pylorus, but also by other factors. The diagnosis of this form is especially valuable for the explanation of certain types of dyspepsia and gastric dilatation. 3. Gastrospasmus. The existence of a lasting tonic cramp of the stomach is still debatable, though analogous conditions in the uterus and intestines rather favor this assumption. 4. Peristalic restlessness, discovered by Kussmaul, analogous to the same affections in the intestines. Auscultation reveals perpetual blowing and whistling; the part is never found at rest, not even many hours after a meal.

The etiological basis of this disorder is entirely unknown. Though frequently found in connection with hysteria and neurasthenia, these conditions occur at times without any such foci of irritation. 5. Eructation. There is at all times a certain small quantity of air in the stomach, but of course especially either after eating rapidly or drinking carbonic liquids. Air is probably often aspired into the œsophagus and propelled into the stomach by œsophageal peristalsis. The therapeutics of this neurosis is particularly difficult; mechanical expulsion of air rarely brings lasting relief. The focus of irritation has to be found and if feasible eliminated. 6. Nervous vomiting, which is frequently connected with a sexual disorder. A dislocated kidney and consequent undue nervous pressure has also been known to cause the affection.—*Therapeutic Gazette*, May 15th, 1885.

Abscess of the Abdominal Wall containing the Rib of a Rabbit, healing without intestinal Fistula.—Dr. Jagot reports that a patient came to him with two pouting fistulous openings in the left groin; there was here also an inguinal hernia. Some two years before, the patient, a baker aged 47 years, was taken with cramps while at his work; this was followed by vomiting; he was confined to his bed for several months. An abscess formed in the location mentioned, was opened, but had never healed. On probing, a foreign body was felt, and with dressing-forceps two pieces of bone were removed, together 6 centimeters in length, which proved to be the rib of a rabbit. Patient was at the time obliged to eat his meals hurriedly. In five days the fistulæ were closed, and a complete cure followed. The hernia may have assisted in the arrest of the bone; localized peritonitis followed, abscess of the abdominal wall, etc. The fistula discharged at no time anything but pus.—*Le Progrès Médical*, June 13th, 1885.

Intestinal Obstruction with Simultaneous Stercoraceous Vomiting and Diarrhœa.—A girl, æt. 23, was admitted to Hôtel Dieu with constipation, vomiting, and distension of the abdomen. The tympanitis was especially marked in the ileo-cæcal region, and almost absent over the sigmoid flexure. No localized pain, no hernia, no tumor, no fever; a rapid weak pulse, cold nose and extremities, and a few scybalæ in the rectum. Purgatives by the mouth and rectum produced a diarrhœa, the passages first containing hard masses and then being quite liquid. A temporary amelioration followed, but on the next day the tympanites became more pronounced, the vomiting stercoraceous, and the general condition alarming. Morphia was administered hypodermically morning and evening, with immediate benefit and a complete cure at the end of a couple of days. Strange to say, stercoraceous vomiting and a yellow diarrhœa coexisted.—*Le Progrès Médical*, June, 1885.

Treatment of Epistaxis.—Introduce into the nostril, to a considerable distance upwards, a piece of fine sponge cut to the size and shape necessary to enable it to enter without difficulty, previously soaked in lemon juice or vinegar and water. The patient is to be kept lying on the face for a length of time with the sponge in place. This, says *Lyon Médicale*, is the procedure employed by M. Siredey for controlling epistaxis in typhoid fever patients. —*N. Y. Medical Journal*, July 18th, 1885.

An almost Painless Mode of Introducing a Catheter where there is a Hyperæsthetic Condition of the Urethra is suggested by Dr. Stamps. This consists in introducing the nozzle of an ordinary male urethral syringe (previously filled with water as warm as the patient can bear) into a soft catheter, and injecting the water slowly as the catheter is passed along the urethra. If the bladder is not entered by the time the first syringeful is exhausted, refill the syringe and proceed as before. The

water will regurgitate between the catheter and the urethral wall till the catheter has reached the prostatic portion.—*Medical and Surgical Reporter*, July 4th, 1885.

Blue Vision in Malaria.—Baas (*Monatsbl. für Augenheilk.*) reports the case of a workman who said that, on every second day between ten and twelve o'clock in the forenoon, all objects appeared to him of a pale bluish aspect. Vision and refraction were normal. The ophthalmoscope showed the discs to be hyperæmic and the veins somewhat dilated. The patient resided in a malarial region. Large doses of quinia were prescribed, when the symptoms disappeared and did not return.—*Cincin. Lancet and Clinic*, July 4th, 1885.

Excision of half of the Abdominal Wall, with Peritoneum.—The operation was undertaken upon two occasions in order to excise a sarcoma. In both cases, a success was achieved. Sclifosovski performed experiments on animals to ascertain whether the peritoneum was renewed, and whether adhesions were formed between the wall of the abdomen and its contents. In spite of antiseptics, most of the animals—dogs—did not survive the operation even for a week. Skin and subcutaneous tissues were not removed in two experiments; adhesions formed between the skin flaps and the great omentum, but did not involve the intestines. This only occurred in cases where the omentum did not reach sufficiently low to shut off the intestines from the flaps. The tendency to ventral hernia was restrained by carefully adjusted bandages. The author points out: 1. That the operation does not immediately imperil life. 2. That there are no distressing after-effects. 3. That the risk of recurrence is much less than after simple enucleation.—*Annals of Surgery*, July, 1885.

Menstrual Uterus.—At a meeting of the New York Obstetrical Society, Dr. Emmet showed a uterus that had been removed from the body of a patient who had died of peritonitis while menstruating. At the autopsy, the pelvic organs were found to be intensely congested and the uterus retroflexed. A blood-clot of the size of a walnut was found in the uterine cavity. The interior of the organ was lined with a delicate membrane which on microscopic examination, was found to be composed of epithelial cells in a state of fatty degeneration. The left ovary contained a recent corpus luteum.—*Amer. Journ. Obstet.*, July, 1885.

Etiology of Puerperal Mastitis.—Bumm says (*Archiv. f. Gynäk.*), that, as etiological factors in the production of puerperal mastitis, retention of secretion and infection from without are to-day considered to play important rôles. In the second form; infection usually takes place through excoriations or fissures on the gland, although Spiegelberg claims that the infectious agent probably, in the light of our present knowledge of bacterial origin, may gain entrance through the milk-ducts. He reports a case of mammary abscess in which the skin was unbroken and covered with thick epidermis. An examination of the evacuated pus showed it to contain gonococci. Cultivations of these were injected into the arms of three persons, produced in one case a swelling with pain and fever. In the other two, abscesses formed, which were opened on the fourteenth and twentieth day, respectively, after the injection. The pus contained a similar coccus.—*Amer. Journ. Obstet.*, July, 1885.

Inhalations of Nitrogen.—Air to which a certain amount of nitrogen has been added has long been used by inhalation as a remedy in phthisis. Mermagen was the first to recognize that the nitrogen was really the active agent in this treatment. When patients are made to breathe air to which nitrogen has been added in the proportion of 2 to 7 per cent., certain effects

are observed. With the first inspirations, the patients assert that they breathe more easily, the dyspnœa diminishes, and a general sensation of well-being prevails. The pulse becomes small, often filiform, from contraction of the radial artery. The patients—weak, anæmic and nervous—experience, during the operation, vertigo, a sensation of weakness and pressure on the head which may occasionally lead to syncope. The symptoms only are observed in the first two or three sittings. A constant symptom, according to Mermagen, is the cessation of night-sweats, generally after the second or third administration. Kohlschulter, who employs an atmosphere consisting of 96 per cent. of nitrogen, affirms that there is an increase of the sweats. One of the most surprising effects of the treatment is the rapid disappearance of the dulness due to tubercular infiltration of the apex, and the appearance of vesicular murmur with fine moist sounds and tympanic resonance. The temperature, according to Kohlschulter, rises to 40° C. Krüll shows that, to obtain good effects from the treatment, the proportion of oxygen in the air must not be lessened by more than 7 or less than 2 per cent. All agree on the soporific effect of the inhalations of nitrogen. Mermagen says that he has seen the patient fall asleep while taking the inhalation, while other patients, in whom sleep at night was prevented by the cough and dyspnœa, were able, after the employment of inhalations, to sleep eight consecutive hours. The appetite is sensibly increased, and the nutrition keeps pace with it. A good effect is also produced on the colliquative diarrhœa.

The symptoms which are observed when rarefied air is breathed do not agree with those observed in an over-nitrogenized air. At great elevations it is observed that the pulse is full and tense, the respirations anxious and difficult, the appetite abolished or diminished. In over-nitrogenized air, the pulse is small and thread-like, the respiration is easy without dyspnœa or any symptoms of asphyxia, the appetite remains or is augmented, as is the general nutrition. Nitrogen must be absorbed like other gases; its effects are sedative, calmative and depressant, as those of oxygen are excitant, irritant and vivifying. When the air is of its normal constitution, these effects counterbalance each other. The inhalations are indicated in the majority of chronic pulmonary affections, especially in early phthisis. In advanced cases, miracles must not be expected, but Mermagen has seen much relief obtained even in these.—*N. Y. Med. Abstr.*, June, 1885.

Position of the Fœtal Head at Term.—As an inaugural thesis in the University of Dorpat, L. Brühl has published some observations on the position of the fœtal head and the extent of its entrance into the pelvic cavity at term. In primiparæ, the greatest circumference of the head was found to have passed the brim at the end of pregnancy in half the cases. In multiparæ, it only reached the pelvic cavity in a fourth of the cases. The reason of the difference is to be found in the greater elasticity of the abdominal wall and of the uterine ligaments in primiparæ. In contracted pelves, where the conjugata vera measured less than three centimetres in primiparæ, the head entered the cavity in only a third of the cases, the greatest circumference in scarcely any passing the brim, and in subsequent pregnancies the position of the head became higher more rapidly than was the case in normal pelves. The prognosis of labor depending upon the relation which exists between the fœtal head and the maternal passages, it is the practice in Berne, where these observations were made, under the supervision of Prof. P. Müller, to grasp the fœtus through the abdominal wall, and force the head as far as possible into the pelvic canal at the completion of pregnancy. Generally when the head has more than half entered the pelvic cavity, one can predict that birth will take place naturally. On the other hand, it is by no means necessary to infer that instrumental interference will be required in all cases where the head has entered the canal to only a slight extent.—*The Lancet*, May 30th, 1885.

Treatment of Varicocele by the Subcutaneous Wire Loop.—Mr. Richard Barwell has now performed his operation for the treatment of variocele by the subcutaneous wire loop one hundred times. In every case the disease was cured. Pain ceased. The testicles became larger and harder. Very slight pain followed the operation.—*The Lancet*, May 30th, 1885.

A Cuban Cure for Neuralgia.—Dr. Antonio L. Esperon reports in *Crónica Medico-Quirúrgica*, of Havana, Cuba, two cases of neuralgia treated with parthenin, a drug extracted from a plant known in Cuba as "bitter broom" (Escoba amarga). The first was a married woman, aged twenty-three, who after an abortion became subject to severe pain, at the menstrual periods, affecting the iliac fossæ. In one of these attacks, when the author attended her, he found morphia, chloral, and bromide of potassium useless, but that relief was afforded by quinine. In a subsequent attack, when there were rigors, headache, pyrexia, and furred tongue, ovarian neuralgia was diagnosed. A subcutaneous injection of morphia was given, and afterwards one-sixth of a gramme of parthenin every two hours was ordered. At the next visit, it was found that after an hour the effects of the morphia began to pass off and the pain had returned. The medicine had not been administered. After three doses of parthenin, the pain disappeared and did not return. The second case was that of a colored woman with severe coccydinia. Morphia only relieved this temporarily, but after a few doses of one-sixth of a gramme of parthenin in pills, the pain permanently left her. The writer has also employed parthenin in many cases of facial neuralgia, with great success. He believes that it is especially indicated in neuralgias of malarial origin.—*The Lancet*, June 27th, 1885.

Fistulous Communication between Small Intestines and Bladder.—Tubercular ulceration rarely produces a fistulous communication between the intestines and bladder. Mr. Croft, of St. Thomas's Hospital, reports such a case, in which the local signs were few. The trouble apparently began with pain on micturition. Later the urine became thick with sediment, and of a port-wine color. The patient lost flesh rapidly. The urine gave a specific gravity 1019; slightly acid. It contained no albumen: it was thick, of a brownish-yellow color, and deposited a copious sediment. Microscopically, pus, blood-corpuscles and vegetable fibres were seen. It soon became offensive in odor. No signs of a tumor were noticeable. There was slight abdominal discomfort. Diarrhœa, with loose, yellow, and offensive evacuations set in and continued until death. The autopsy, made by Dr. Haddon, showed the small intestines to be adherent to each other by organized lymph. A fistulous communication was found between the ileum and bladder, both parts being firmly adherent. In the portion of ileum examined, typical tubercular ulcers were found, fairly extensive, near the ileo-cæcal valve. The edges were raised and thick, and the ulcers did not extend apparently beyond the mucous coat, excepting in the neighborhood of the bladder, where some had penetrated into a cavity situated near the summit of that organ, which again communicated with the bladder by a small opening. In each lung, mixed broncho-pneumonic and tubercular disease was visible.—*The Lancet*, June 27th, 1885.

Peculiar Tremor of the Hand and Forearm from Injury.—Dr. Shewen reports the case of a man aged 50, who injured his arm while shifting some timber. A log weighing about 8 cwt. rolled on his forearm, and two or three minutes elapsed before he was able to free himself. The accident happened in the morning. He rested from work that day, but resumed his occupation the next day without any trouble, and continued his labor for about three weeks. He then noticed that his hand began to

shake, and, as he was using a circular saw, he gave up work, fearing lest he should injure himself. Dr. Shewen saw the patient ten months after the accident. The arm did not always tremble, but tremors could be produced at any moment by pressing on the median nerve at any part of its course.—*Quarterly Compendium of the Medical Sciences*, July, 1885.

Rare Forms of Keloid Disease.—Mr. Jonathan Hutchinson contributes an article on this subject to the *Medical Times and Gazette*, in which he details several interesting cases, with the following conclusions:

1. That with keloid, as with other skin diseases, we must not expect too close a conformity to the type form.

2. That for clinical convenience, we may recognize several varieties of keloid, the prognosis as to spontaneous disappearance and proneness to return after excision differing much in each.

3. That the first and most typical is that in which keloid begins in very small, perhaps forgotten scars, and slowly spreads far beyond their limits into sound skin. In most cases, the extension and duration are indefinite; and the hardness, glossiness, abruptness of outline, etc., are always well marked. The proneness to recur very quickly after excision is very great in these.

4. That in the second group, in which keloid growth begins in the middle of large scars, such as those of burns, it is seldom so well characterized. It often does not extend beyond the scar, and often, especially in young persons, soon begins to soften again, and to gradually disappear.

5. That in a third form, the keloid growth is deeper, never produces the glossy, superficial, elevated, and spurred patches which occur in the others. These cases are very slow, and show but little tendency to spontaneous disappearance. They do not develop in connection with large scars, but rather with inflammatory damage to the skin. They are less prone than the others to recur after excision.

6. That although definite scars almost invariably precede the formation of keloid, yet that there are allied conditions which result rather from inflammation after injury, than from anything which is demonstrable as cicatrix.

7. That the cases of multiple keloid prove either that there is in some persons a remarkable tendency to the disease, or that primary patches have the power of infecting the blood and producing others.

8. That there is little or no clinical proof of tendency on the part of keloid to pass into cancer.—*Journ. Amer. Med. Assocn.*, July 11th, 1885.

The Pneumonia Coccus of Friedlander.—Dr. George M Sternberg's investigations respecting the pneumonia coccus of Friedlander lead him to conclude that it is identical specifically with the micrococcus commonly found in the normal human saliva. The capsule, or mucous envelope, which sometimes surrounds this micrococcus, described by Friedlander in 1883, cannot be accepted as a distinguishing characteristic of this species, inasmuch as it is not constantly present, and the circumstances upon which its development depends have not been accurately determined. It is established that this is a pathogenic organism, as far as certain lower organisms are concerned, and that its pathogenic power varies under different circumstances. It seems extremely probable that this micrococcus is concerned in the etiology of croupous pneumonia, and that the infectious nature of this disease is due to its presence in the fibrinous exudate into the pulmonary alveoli.

But this cannot be considered as definitely established by the experiments which have thus far been made upon lower animals. The constant presence of this micrococcus in the buccal secretions of healthy persons, indicates that some other factor is required for the development of an attack of pneumonia; and it seems probable, that this other factor acts by reducing the

vital resisting power of the pulmonary tissues, and thus making them vulnerable to the attacks of the microbe. This supposition enables us to account for the development of the numerous cases of pneumonia which cannot be traced to infection from without. The germ being always present, auto-infection is liable to occur when from alcoholism, sewer-gas poisoning, crowd-poisoning, or any other depressing agency, the vitality of the tissues is reduced below the resisting point. We may suppose, also, that a reflex vaso-motor paralysis, affecting a single lobe of the lung for example, and induced by exposure to cold, may so reduce the resisting power of the pulmonary tissue as to permit this micrococcus to produce its characteristic effects. Again, we may suppose that a person whose vital resisting power is reduced by any of the causes mentioned, may be attacked by pneumonia from external infection with material containing a pathogenic variety of this micrococcus, having a potency, permanent or acquired, greater than that possessed by the same organism in normal buccal secretions.—*Amer. Journ. Med. Sc.*, July, 1885.

Nephrectomy: Its Indications and Contraindications.—From a careful analysis of all the facts pertaining to the surgery of the kidneys, contained in Dr. Gross's paper, based upon a study of nearly four hundred and fifty cases of different operations, the author formulates the following propositions: 1. That lumbar nephrectomy is a safer operation than abdominal nephrectomy. 2. That primary extirpation of the kidney is indicated, first in sarcoma of adult subjects; secondly, in benign neoplasms at any age: thirdly, in the early stage of tubercular disease; fourthly in rupture of the ureter; and lastly in ureteral fistula. 3. That nephrectomy should not be resorted to until after the failure of other measures, first, in subcutaneous laceration of the kidney; secondly in protrusion of the kidney through a wound in the loin; thirdly, in recent wounds of the kidney or ureter, inflicted in the performance of ovariotomy, hysterectomy, or other operations; fourthly in suppurative lesions; fifthly, in hydronephrosis and cysts; sixthly, in calculus of an otherwise healthy kidney; and finally in painful floating kidney. 4. That nephrectomy is absolutely contraindicated, first, in sarcoma of children; secondly, in carcinoma at any age, unless, perhaps, the disease can be diagnosticated and removed at an early stage; and thirdly, in the advanced period of tubercular disease.—*Amer. Journ. Med. Sc.*, July, 1885.

Singular Absence of Adipose Matter in the Upper Half of the Body.—Dr. S. Weir Mitchell reports the case of a school-girl, æt. 12 years, who began to emaciate after a severe cold which lasted three months. This emaciation increased in degree, and it was finally noted that it was confined to the head, neck, arms, and chest, and was due to total absence of fat in those regions. The muscles in the affected parts of the body are normal. The grasp of both hands is good. The abdomen, buttocks, and legs are plump, and present all the appearances of belonging to a very well nourished child.—*Amer. Journ. Med. Sc.*, July, 1885.

Heat Centre in the Cerebrum.—Some time ago Dr. Isaac Ott announced the existence of a heat centre in the vicinity of the corpora striata. Lately he has made other experiments to ascertain more definitely the position of this centre. He found that if punctures which he made struck a certain point in the anterior inner portion of the optic thalamus, near the corpus striatum, there was a rise in temperature from three to four and a half degrees, which continued until the following day. The cerebral cortex has nothing to do with this phenomenon. There is a possibility that the injury calls vaso-motor influence into activity and causes an increase of temperature.—*Medical News*, July 4th, 1885.

Celloidin, the New Material for Embedding Specimens for Microscopic Section Cutting.—By the celloidin method of embedding the eye, Dr. Myles Standish says, all objections hitherto encountered in the work are done away with. The celloidin is transparent, so it is not necessary to dissolve out the embedding material in order to stain and mount the section. The celloidin should be dissolved in equal parts of strong alcohol (95 per cent.) and sulphuric ether, in the proportion of 14 grammes of celloidin to 100 cubic centimetres of the solvent. The solution should be about as thick as a heavy syrup. Immediately after removal of the eye it should be placed in Müeller's fluid. The cornea and sclera should be perforated to allow the access of the fluid to all parts. When the eye has been sufficiently hardened, the chromic acid may be removed by simply placing it in a four per cent. solution of chloral hydrate, and changing the liquid frequently. Next, if the vitreous is to be taken into consideration in the examination about to be made, it is best to freeze the eye and cut it through in an anterior-posterior direction. The specimen is now placed for 24 hours in a mixture of equal parts of strong alcohol and sulphuric ether to remove all traces of water. It is next placed in a thin solution of celloidin made by dissolving 7 grammes of celloidin in 100 cubic centimetres of the solvent. Here it is allowed to remain for 36 hours. The box for embedding is made as follows: Procure a cylindrical cork and wrap about it a piece of stout unruled writing paper in such a manner that it shall project beyond the end of the cork, and so form the box. When the paper has been wrapped twice around the cork the end is secured by a pin thrust directly into the cork. To the lower end of the cork is then attached a leaden weight. The specimen is then placed in the box, and the celloidin solution placed in it so as to fill it to two or three times the height of the specimen, and after waiting a few minutes for a film to form on the surface of the celloidin, the entire box is submerged in alcohol (sp. gr. 82). At the end of 24 hours the paper should be removed and the cork, with the embedding mass attached, should be returned to the alcohol and allowed to remain until a suitable degree of density has been obtained for section cutting. When sufficiently hardened the cork can be put in the holder of the microtome. In cutting the section, a stream of alcohol should irrigate the knife. The sections are best removed from the knife by the aid of a camel's hair pencil. As fast as cut they should be put into 90 per cent. alcohol. The sections can be mounted entire (embedding material and all). The staining fluids do not color the celloidin. It does not do to attempt to clear up the specimen in the ordinary way with the oil of cloves, as the celloidin contracts and spoils the specimen. The clearing up can be accomplished by following the ordinary methods, and by using oil of bergamot instead of the oil of cloves. The section may also be cleared by placing it on the slide after staining, washing with a few drops of *absolute* alcohol, drain it off, and quickly add a few drops of chloroform, until the section is entirely clear. Just as the last drop of chloroform evaporates, drop on the balsam.—*Amer. Journ. Ophthalm.*, March and April, 1885.

Jaundice from Arsenical Poisoning.—Mr. Alfred Freer reports six cases of jaundice occurring in the same family which he believed to be due to tumefaction of the ductus communis at its outlet, the result of poisoning from arsenical wall papers. The papers were removed, new ones supplied, and the family has continued well.—*Br. Med. Journ.*, June 20th, 1885.

Case of Double Uterus with a Fœtus in Each.—Dr. E. W. Lane reports a case of double uterus with a fœtus in each. The labor was slow and tedious, the true state of affairs not being recognized until both children were born. The first child presented by the feet, the second by the head. Both placentas were retained. Hæmorrhage took place from one of the uterine cavities, but ceased as soon as the placenta was removed.—*Atlanta Med. and Surg. Journ.*, July, 1885.

News, Etc.

Hahnemann College.—A slight fire, fortunately involving a loss of less than one hundred dollars, occurred in the old Filbert Street building of the Hahnemann Medical College recently. The newspapers reported that the museum was badly damaged, but we are glad to state that the flames were confined to the topmost story, and did not affect the museum at all.

The work on the new building progresses favorably. The brickwork on the front is receiving its finishing touches, and the work of putting on the roof is well under way. The building will present a more imposing appearance than the published engravings would indicate.

Homœopathic Medical Society of the State of Pennsylvania. —*Secretary's Notice.*—The Twenty-first Annual Session of the Homœopathic Medical Society of Pennsylvania will be held in Wesley Hall, 1018 Arch Street (directly opposite Boericke & Tafel's Pharmacy), Philadelphia, on Wednesday, Thursday, and Friday, September 23d, 24th, and 25th, 1885. The headquarters of the visiting members will be the Continental Hotel. The terms for board will be $3 per day. A reception and collation will be given at the Continental Hotel on Thursday evening, September 24th.

The coming meeting bids fair to be one of more than usual interest. The papers thus far announced are of unusual merit. It is to be hoped that members will do their utmost to strengthen our society. This they may do in two ways: 1. By presenting papers showing individual observation and research; *it is not essential for the writer to be a member of a bureau in order to present a contribution to the Society.* 2. By securing additions to the membership of the Society.

Clarence Bartlett, M.D., Secretary.

The Heirs of the Late Professor Henry N. Guernsey have presented to the Hahnemann College and Hospital of Philadelphia, the handsome oil painting of Samuel Hahnemann, life-size, which he Dr. G.), had painted to order, and which for several years has hung in his parlor. This picture has been loaned a few times, on state occasions, as at the meeting of the State Society of Pennsylvania, the banquet of the Amer. Institute of Homœopathy, etc.

Some time ago we were interested in a paper in which the writer claimed that menstruation was a pathological process; that, from puberty to climaxis, women should not menstruate; that they should either be pregnant or recovering from a confinement all the time. A writer in the *British Medical Journal* brings forward a case which supports this theory. The patient was married at the age of 19, and menstruated but once afterwards. At the age of 44 she had given birth to ten children at full term, one at the eighth month, one at the sixth month, and three at the fourth or fifth month of gestation.

Personal.—Dr. Wm. B. Van Lennep has removed from 406 to 410 S. Broad Street, Philadelphia.

Dr. L. M. Hickman, from 39 to 52 N. Thirteenth Street, Philadelphia.

Dr. W. W. Van Baun, from 205 to 227 Catharine Street, Philadelphia.

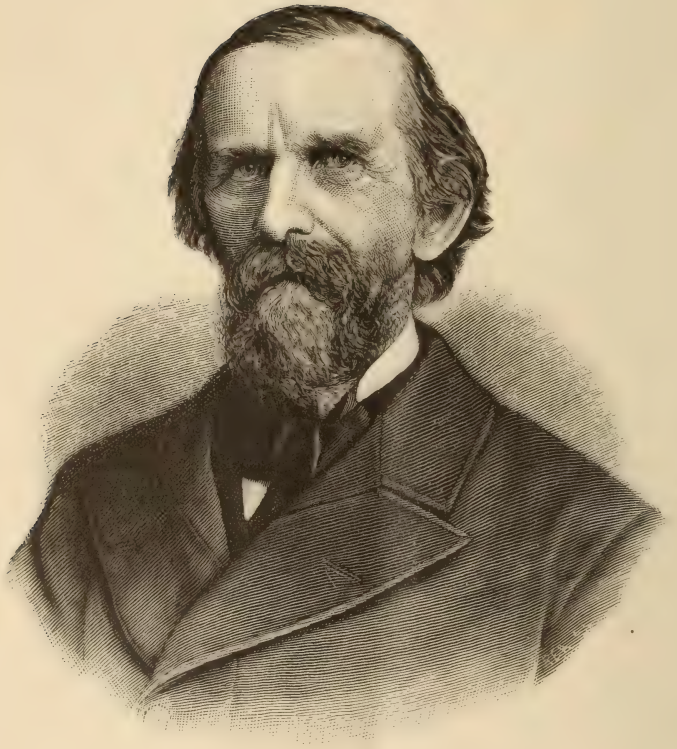
Dr. I. G. Smedley to 1319 Arch Street, Philadelphia.

Dr. W. P. Fowler has removed his office to 63 S. Clinton Street, Rochester, N. Y.

Dr. J. F. Miller succeeds to the practice of the late Constantine Lippe, M.D., of New York.

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Henry Merrill Guernsey

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PRIMARY CANCER OF THE TRACHEA.

BY CLARENCE E. BEEBE, A.M., M.D., NEW YORK.

(Illustrated.)

Mr. John W. C., æt. 54 years, private watchman in the N. Y. Stock Exchange, consulted me on December 19th, 1881, with reference to a difficulty in breathing, from which he had been suffering for a long time. Prior to November 7th, 1880, he had always enjoyed perfect health. On that date, in consequence of undue exposure, he contracted a severe cold, to which he paid little or no attention, allowing it to take its own course, until after the lapse of two weeks, when the voice became extinct. He then consulted his family physician, who prescribed for him on several occasions, but without benefit.

During the five weeks that followed, patent medicines were taken by the patient on his own responsibility, but without inducing any amelioration in his condition. From this time until May, 1881, the only remedy taken was quinine in combination with whiskey. During May, he came under the care of a prominent laryngologist, who pronounced the case to be one of paralysis of the right vocal cord, complicating chronic laryngeal inflammation. The pulmonary structures were declared to be perfectly normal. At the end of two months, he was examined by another eminent specialist, who rendered a diagnosis of paralysis of the right cord, and tracheal stenosis due to an intra-thoracic tumor, probably aneurismal.

On August 7th, Mr. C. put on a complete suit of "Wilsonia" garments, and declared he experienced relief to his dyspnœa within forty-eight hours. The voice gained in strength very perceptibly. Nine days later, he commenced to raise from the trachea large quantities of mucus admixed with blood, and at

intervals, varying from two to four weeks, small hard substances, apparently composed of organized matter. Six of these bodies were expectorated, and just prior to their discharge, the dyspnœa became so excessive that complete suffocation appeared to be impending. The relief following their expulsion was very marked.

On October 24th, 1881, his family physician again prescribed for his so-called bronchial trouble, and continued to do so until November 25th, the patient becoming worse each day. Finally a thorough examination of the lungs was again instituted, and the statement made that the lower posterior portion of the left lung was infiltrated, that the blood expectorated was derived from said infiltration, and finally that the patient must be confined in bed for some time, while under treatment. Three weeks elapsed, however, without relief having been obtained, and Mr. C. finally fell into my hands on December 19th, 1881, as already noted.

He was then suffering from considerable dyspnœa, accompanied by cough, intensely aggravated by motion. Expectoration was very scanty, and at times altogether absent. Both inspiration and respiration were markedly prolonged and stridulous in character. There was no pain in any locality; voice hoarse, though not in any pronounced degree; never entirely lost, except at the beginning of the attack. Nothing noticeable with reference to facial appearance, excepting possibly some slight cyanosis, and an expression of anxiety referable to a recent aggravation of the disease; body well nourished, and presenting an unusual muscular development.

Inspection of the nares elicited the presence of a pronounced hypertrophy of the membrane covering the anterior extremity of the inferior turbinated bone on the left side with inner deflection of the cartilaginous septum on the same side. Membrane on both sides otherwise normal. Pharynx normal. Larynx normal in color. Paralysis of abduction and adduction of the right vocal cord was easily detected. The left cord was normal. Lining membrane of the trachea was somewhat hyperæmic in the upper third, the injection becoming more prominent over the middle third. A little lower down, a narrowing of the calibre of the tube was noted, due to bulging inwards of the walls on the posterior and lateral aspects. This feature became more and more marked, the further the eye could reach. One small excrescence was plainly discovered at the most prominent part of the swelling. This nodule disappeared about January 16th, when the first attack of chok-

ing was induced, after the patient came under my observation.

The facts, derived from physical examination of the chest, were exceedingly meagre and unsatisfactory. The chest-walls were somewhat prominent in the infra-clavicular region, said prominence continuing downwards as far as the mammary, but not in so marked a degree as is found in the barrel-shaped chest of the emphysematous. During the act of respiration, there was complete rigidity of the chest-walls. In fact, the only movement noticeable on inspection was in the epigastric region, where during inspiration there was a very pronounced depression. A like condition existed at the supra-sternal notch. During the acts of deglutition and respiration, the trachea and surmounting structures were absolutely stationary. On the right side, at the sterno-clavicular articulation, a well-marked protuberance was discovered.

It was impossible, for some reason, to determine the exact location of the apex beat. Palpation revealed nothing abnormal, except a peculiar thrill, on phonation, differing in many respects from the customary fremitus. Auscultation elicited nothing definite, probably in consequence of the above noted rigidity of the chest-walls, and also because of the fact that the loud and stridulous sounds, originating in the trachea at the point of stricture, obscured everything else. The percussion note was one simply of increased resonance on both sides. I have omitted mentioning the presence of considerable induration and swelling of the external aspect of the trachea which was insensitive to pressure.

A consideration of the above enumerated points shows very clearly: 1st. That there was tracheal stenosis at the middle and lower thirds, due to narrowing of the tube calibre, in consequence of the presence of some abnormity, which exerted pressure from without or within. 2d. That the paresis of the right vocal cord was probably dependent upon said abnormity, through implication of the right recurrent laryngeal nerve; and 3d. That it was impossible to arrive at any definite conclusions as to the condition of the intra-thoracic structures.

In view of the fact that Mr. C. had passed through the hands of many physicians, some of them prominent specialists, before coming under my care, who had in nearly every instance pronounced the case to be one of intra-thoracic tumor, probably aneurismal in character, my attention was naturally directed to this supposed condition. Repeated and exhaustive examinations, however, failed to satisfy my mind on this point,

as it was very strongly my belief that the lesion was located in the structure of the trachea itself, and was probably cancerous in character.

Said opinion was stated to the family of the patient, and the difficulty of arriving at a definite conclusion fully explained.

As the diagnosis at this period was a doubtful one at best, by my advice Mr. C. consulted one more well-known laryngologist, who unfortunately pronounced the same opinion as his predecessors. Still this did not convince me, and it was deemed the wisest plan to watch the case and await further developments. This, fortunately, I was enabled to do, until death came to Mr. C.'s relief on the 1st of April, 1882.

It is unnecessary to particularize the different phases through which the patient passed except with reference to a few points of marked interest. Four attacks of extreme dyspnœa occurred during the time he was under observation, viz.: on January 16th, February 10th, March 6th, and March 24th, the last continuing with little abatement until April 1st, when the end came. The paroxysms were the most intense it has ever been my lot to witness, and would obtain for about two hours with the exception of the last. The only measures, among the many employed, which would afford the slightest relief, was the inhalation of steam impregnated with the compound tincture of benzoin, and this was efficient only through its power to relieve in a certain degree the irritated condition of the membrane, and, by moistening it and the superimposed secretions that had accumulated below the point of constriction, to assist in dislodging and expelling the latter.

The symptoms, so urgent and distressing during the earlier paroxysms, determined me to send for assistance with a view to the introduction of a tube into the trachea (a measure, by the way, which had been advocated in the strongest terms by all the physicians whom the patient had previously consulted; although, if my original opinion were correct as to the nature and location of the growth, everything contra-indicated such a procedure. If the neoplasm were in the tracheal walls, and by its presence and protrusion produced the narrowing of the tube, and if it were located, as the laryngeal mirror certainly evidenced it to be, in the middle and lower thirds of the trachea, and there induced a stenosis so pronounced as to hardly admit of the passage of the smallest current of air, no tube of a calibre sufficiently large to increase the breathing space, or of a length sufficient to pass the point of obstruction,

could with safety and propriety be introduced. On the other hand, were the growth higher up, such operation would, of course, be feasible, no matter what may have been its nature.

But, in order to avoid assuming the entire responsibility of deciding against tracheotomy, at my request Dr. F. E. Doughty was summoned in consultation. After a most rigid examination on his part the verdict was strongly against operative interference.

Difficulty and pain in deglutition are so often concomitant with tracheal stenosis, from implication of the œsophagus by the disease, or from external pressure upon the tube, one would naturally anticipate such a condition to exist in the present instance. There *never* was pain, and difficulty in swallowing only occurred when the secretions, etc., had accumulated below the point of tracheal constriction, and by their presence exerted undue pressure upon the œsophagus. Then, too, the fear of impending suffocation unquestionably constituted a very important factor in inducing the difficulty.

The walls of the trachea, as has already been noted, upon external examination appeared to be considerably thickened as far down as the suprasternal notch, beginning a little below the cricoid cartilage. There was no pain on pressure, and only a slight degree of sensitiveness, when the patient was recovering from one of the acute attacks of suffocation.

The digestive functions, as well as those of every other portion of the body, were performed with the utmost regularity throughout his sickness.

There was one peculiar feature about the circulatory apparatus which excited my apprehension, and appeared to be the one symptom which forcibly pointed to the correctness of the *aneurism* theory. This was the marked difference between the radial pulses of the two sides. Several sphygmographic tracings were taken on different occasions, but without determining anything definite. It will be remembered, that in the examination of the chest it was impossible to ascertain the exact position of the apex impulse. The noisy respiration totally obscured even the normal heart sounds. This uncertainty about the cardiac condition, and the discrepancy between the radials, certainly augmented very greatly the difficulty in making a differential diagnosis.

During the latter part of January, and before the second suffocative attack, which, it will be remembered, occurred on the 10th of February, the superficies began to assume a peculiar yellowish hue, which soon became one of the positive

evidences of the presence of a cachexia. The breath began to be offensive, the odor becoming more and more disagreeable and penetrating as the disease progressed. The diagnosis of tracheal cancer was then positively made, and the next paroxysm with the subsequent ejection of the tracheal accumulations awaited with interest, in the hope that a thorough microscopic examination of the latter would be confirmatory of the malignancy of the growth. February 10th came, and with it the attack. The materials expelled were most rigidly investigated, but unfortunately with only negative results, and for some reason or other, each subsequent examination was attended by the same unsatisfactory issue. During the afternoon of March 24th, the final paroxysm of suffocation was induced, and continued with slight intermission until death.

FIG. 1.



The autopsy, made twenty hours after death by Dr. Doughty, elicited the following facts, in brief: Extreme emaciation. Considerable superficial hypostatic injection. First ribs, particularly the right, together with the right clavicle, at the sternal articulations, much thicker than normal. Fluid in pericardium slightly in excess. About two ounces of bloody fluid in right pleural sac. About five ounces of the same in left. Lower lobe of right lung hypostatically congested. (The patient invariably assumed the right decubitus.) Left lung normal, except at two points, where minute foci of calcification were discovered. Heart and large vessels normal. No adhesions anywhere. The only lesion of importance was found in tracheal walls at middle and lower thirds, cancerous

deposit being plainly seen infiltrating the walls themselves on their external portion, and also upon the internal right lateral and posterior aspects. The calibre of the tube was narrowed to the size of the finest silver probe, and at first appeared to be absolutely impermeable. Œsophagus normal. No perforations. No cancerous deposit was detected in any other organ than the one mentioned. As there had never been disturbances of any description in the abdominal or pelvic viscera, and because of the urgent request of the family, no further examination was made.

The trachea was removed from the thyroid to a point below the bifurcation, and the specimen sent to Heitzmann for drawing and microscopic examination. Dr. Heitzmann on June 1st, 1882, wrote me a note embodying the subjoined opinion: "The tumor of the trachea is a medullary cancer; the lymph

Fig. 2.



ganglion beneath the neoplasm is not invaded by the disease." Fig. 1 represents the trachea, with growth *in situ*, and Fig. 2 the microscopic image of a section.

There are very few pathological conditions in the history of medicine that present so meagre a literature as the one under consideration. Fully cognizant of this fact I determined, for many reasons, to investigate the subject as thoroughly as possible, and must confess to a feeling of astonishment at the rarity of the lesion and the little that has been said about it. The authorities consulted comprised all the more recent text-books which would naturally refer to the lesion, several systems of medicine, encyclopædias; all periodicals published during the last fifty years, American, English, German, French, Italian,

and Spanish; in fact every possible source of information obtainable.

Some idea of the paucity of facts regarding our subject, to be derived from the literature of the day and the past, may be gained when the statement is advanced that in all the foregoing mass of authority, mention of the lesion is made in only six instances, and only nine authenticated cases have been placed on record, viz.: one each by Mackenzie,* Langhans,† Sabourin,‡ Oulmont,§ Morra,‖ and Koch,¶ two by Schrötter,** and one by Fischer.†† My own case makes the tenth.

Other cases, it is true, have been cited as instances of primary tracheal cancer, and reference will be made to a few of them further on, but investigation has shown, that they were either not of a cancerous nature, or, if they were, were not primary, but secondary, either by extension from adjacent structures, or to lesions of the same character situated in organs more or less remote from the trachea.

The literature on the subject will occupy so little space, it is deemed advisable to reproduce it here for the purpose of rendering the study of tracheal cancer in its primary form as complete as possible. And in this connection I desire to express my deep obligations to Drs. Malcolm Leal and E. C. M. Hall for their valuable assistance in the preparation of the necessary translations.

Mackenzie.—Diseases of the Pharynx, Larynx, and Trachea.—*Definition.* Primary cancer of the trachea gives rise to dyspnœa, and, if not relieved by surgical treatment, to fatal apnœa.

This disease is so rare that it does not require to be treated with the same detail as most of the other tracheal diseases. The origin of cancer is probably always to be found in an abnormal formative property with which the tissues are primarily endowed; but it would appear that the perverted energy is, as a rule, only called forth by some local irritation. The remarkable relative immunity which the trachea enjoys may be explained by its freedom from functional excess and accidental injury. The principal symptom of the affection is

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* Mackenzie.—Diseases of the Pharynx, Larynx, and Trachea, p. 386.
† Virchow's Archiv., 53, p. 470.
‡ Annales de Maladies de l'Orielle et du Larynx, vol. x. 1879.
§ Bulletin de la Soc. Anat. de Paris, p. 137. 1875.
‖ Giorno. Intern. dell. Scien. Med.
¶ Schmidt's Jahrbücher, vol. 146, p. 90. 1870.
** Laryngologische Mittheilungen, p. 86. 1871.
†† Annales de Maladies de l'Orielle et du Larnyx. March, 1883.

tracheal stenosis, but an accurate diagnosis can only be made with the aid of the laryngoscope. As regards the pathology of the only two cases with which I am acquainted, one was described as a soft cancer, and the other as an example of epithelioma. In the case reported by Langhans,* the only example hitherto published, the patient was a man, aged forty, who suffered for one year from symptoms of stenosis of the bronchi, especially of the right bronchus, and died from suffocation. The post-mortem examination revealed carcinomatous degeneration of the mucous membrane of the trachea, above the bifurcation, and the bronchi just below that spot. The microscope showed that the neoplasm was a soft carcinoma which took its origin in the glandulæ of the mucous membrane. There was no disease in any other organ.

The *prognosis*, it need scarcely be said, is most unfavorable, the patient being unlikely to live more than a year or two at the most.

Treatment.—Soothing inhalations and sedative medicine may be administered, and when the growth is high in the trachea, tracheotomy may be performed with advantage. Extirpation of the trachea with a view to eradicating the morbid growth will probably be attempted in future cases.

Mackenzie's Case.—Jane E., æt. 57, an unmarried woman who had led a dissolute life, came under his care at the Hospital for Diseases of the Throat, in April, 1864, suffering from shortness of breath, which had lasted for six months.

Diagnosis.—Tracheal stenosis probably syphilitic, but no evidence of constitutional syphilis, congestion of the larynx with narrowing. Dysphagia subsequently came on, and the patient died, January, 1865.

On post-mortem examination, an ulcerated growth was discovered occupying the middle third of the trachea, and originating from the sides of the tube; the largest portion of the base of the growth, however, was on the posterior wall, which was thickened and projected backwards into the œsophagus. The lining membrane of the œsophagus was perfectly smooth, and the vertical extent of the projection and its canal was only a centimetre. The trachea, on the other hand, was contracted at its narrowest portion to such an extent, that a probe four millimetres in diameter could only be passed with difficulty.

The growth extended to within half an inch of the cricoid cartilage above. A portion of the morbid structure was

* Virchow's Archiv., 53, p. 470.

examined by Dr. Andrew Clark, and pronounced to be typical epithelial cancer, containing numerous nested cells. The tissues around the trachea were slightly thickened, and two of the bronchial glands were somewhat enlarged.

Cohen.—Diseases of the Throat and Nasal Passages.—Carcinoma of the trachea is very rare. Primitive cancer has been observed. It is sometimes associated with primitive cancer of the bronchi. It usually commences in the soft tissues in the interior of the tube, beginning near the cricoid cartilage, or near the bifurcation, and eventually involves the cartilaginous framework. As examined post-mortem, the appearances are similar to those described in connection with cancer of the larynx.

Symptoms.—There would be but few symptoms until the cancerous mass became large enough to obstruct respiration, when the symptoms would be those of tracheal stenosis. Previous to this, cough, expectoration, and occasional dyspnœa occur, according to the location, condition, and size of the mass. If the cancer invades the larynx or œsophagus, the symptoms referable to involvement of those structures become superadded.

Diagnosis.—Symptoms of stenosis in connection with manifestations of cachexia, might lead to a correct surmise as to the existence of cancer of the trachea; but unless so located as to be accessible to laryngoscopic inspection, only the microscopic examination of expectorated fragments could establish the diagnosis with certainty.

Prognosis.—The disease is necessarily fatal. Death may occur from hæmorrhage, perforation, asthenia, or asphyxia.

Treatment.—Palliative measures by inhalation and otherwise are all that can be attempted, the usual efforts being made to keep the general health in as good a condition as is possible. Surgical relief is out of the question.

The only reference of importance, I have been able to discover in Ziemssen's *Cyclopædia*, may be found in vol. iv., p. 480, under "Diseases of the Trachea and Bronchi," by Riegel.

Carcinomas most often afflict the air-passages secondarily. According to Förster, primary cancer of the trachea and bronchi has not yet been observed. Rokitansky describes a cancerous formation, extending from a bronchial stem to its branches, by which the walls of the bronchi were thickened, rendered rigid, and diminished in calibre, and their inner surface made uneven. He remarks, however, that carcinoma of

the bronchial glands, and extensive carcinoma of the costal pleura were present, and that the disease in question probably arose from this. So, likewise, the cases of carcinoma of the trachea reported by Türck were only secondary cancer. On the other hand, the case recently reported by Langhans in Virchow's *Archiv.*, 53, p. 470, shows that the bronchi and trachea may serve as a point of origin for primary cancer.

This case, therefore, is not only of interest because it is the only one of primary cancer of the trachea and bronchi demonstrated to a certainty, but because it reveals, with exactitude, the mucous glands as the point of origin of the entire cancerous formation.

Sabourin's Case.*—Mrs. B., æt 40, came under the care of Dr. Rayneud, at Lariboisiere, in St. Mathilde's, Ward No. 23, October 1st, 1878. At that time she complained of attacks of dyspnœa, from which she had suffered for a month prior to her entrance into the hospital. These attacks would occur as the result of the slightest effort, and for the past five or six days they had been much more severe, and for 24 hours had been continuous. She said she had never, to her knowledge, suffered before this from any disease of the respiratory organs; had never had cough or hoarseness. There is no history of syphilis.

At the time of examination, her dyspnœa was rather intense, and associated with stridulous respiration—worse in the inspiratory act. The dyspnœa is more marked when the patient sits up, diminishing again as soon as she assumes the horizontal position. Examination of the throat reveals nothing abnormal. Digital exploration of the pharynx and superior orifice of the larynx, discovers nothing in the ary-epiglottidean folds or on the epiglottis which might explain the dyspnœa.

Auscultation of the chest demonstrated only a feeble respiratory murmur on both sides. External examination of the cervical region reveals nothing abnormal in the line of the trachea. Percussion of the sternal region elicits nothing to prove the existence of a superficial intra-thoracic tumor. Auscultation of the heart and larger arterial trunks eliminated the possibility of an aneurism; in general appearance, her condition was good, without the slightest manifestation of cachexia. The laryngoscopic examination was deferred to the following day. As the dyspnœa was lessened by rest, and as nothing indicated immediate danger, the result of the laryngoscopic examination was awaited in order to arrive at a correct diagnosis.

* Annales de Maladies de l'Oreille et du Larynx, vol. x. 1879.

The same evening the woman died in one of her paroxysms of dyspnœa.

Autopsy.—The external manifestations of the tumor were so slight it was not discovered until after the entire respiratory tract had been removed, *en masse*. Larynx perfectly normal. The middle portion of the trachea was slightly curved forward, and to the left; in every other respect, the cartilaginous portion was normal. On the posterior aspect, from the 4th to the 10th ring, the lining membrane was covered by a solid tumor, closely adherent; the upper tissues were flattened and slipped over the vertebræ by means of the cellular strictures. The tumor was spindle-shaped, nodulated with ganglia on either side.

The œsophagus at the point of structure was deflected to the left side of the trachea, and in other respects was normal internally and externally. In order to study the relations of the tumor, a transverse section of the specimen was made at the level of the 7th tracheal ring. The tumor presented a white appearance, was finely granular, somewhat dry, and resembled a cutaneous epithelioma. The centre of the mass corresponded exactly to the posterior portion of the trachea, was softer in consistence, slightly yellow in color, and hence must have been the oldest portion of the neoplasm.

Anteriorly, the growth penetrated the cavity of the trachea. There it formed a toadstool-shaped body covered by the mucous lining in the form of a thin, reddish envelope. At the level of the section, the protuberance obstructed at least two-thirds of the calibre of the trachea, and left simply a narrow semilunar opening for the passage of air. The fibrous external sheath of the trachea seemed to have been dissected from the surface of the rings so as to form a sac for the tumor. Posteriorly, the growth was still broader, and its median portion was continuous with the anterior part described above; there were also two lateral portions separated from the remainder by a thick septum. The centre of the one on the right was soft, while the left presented the white appearance already noted. The œsophagus was overlying the latter. The trachea was then divided anteriorly, and the posterior wall was found to be occupied, at its median portion, and two-thirds of its length, by the fusiform growth. These sections demonstrated that the cartilaginous rings were nowhere destroyed, but simply pushed aside. There was no ulceration in any portion of the growth. Lungs were perfectly normal. The other viscera showed no structural changes to the naked eye.

Microscopic examination.—The nature of the various parts

of the tumor was found to be identical. The two ganglia had degenerated into cancerous tissue. The neoplasm was a lobulated epithelioma. The fibrous net-work was scanty. The epithelial elements were generally in the form of long and ramified trunks, solid and somewhat similar to the external appearance of racemose lobulated glands. Among them, were found irregular, round epithelial masses separated by a connective stroma whose alveolæ they appeared to occupy. The epithelial cells varied greatly in configuration, and were remarkable on account of their size. In regard to the point of origin, the neoplasm was found to be wholly independent of the œsophagus. It may have been in one of the ganglia, which was one of its constituent parts; but this does not appear probable, for the reason that such a ganglionic epithelial neoplasm is rare; and if such had been the origin we must admit that the extra-ganglionic tumor had developed by contiguity. This is possible, but the well-marked limits, the ganglia on the body of the tumor, their isolation in a fibrous envelope without any solution of continuity must eliminate also this interpretation.

Still, it would be very easy to admit that the intra-tracheal tumor was only a bulging out of the membranous wall of the canal. The integrity of the mucous membrane would appear to add weight to this opinion. But another origin is possible, and the microscopic examination strongly indicates it. The membranous wall of the trachea contains a great many compound racemose glands, some of which are in the mucous membrane, others underlying it, and those situated most deeply are found in the smooth muscular layer of that wall, and are separated from the preceding by well-developed fibro-elastic bands. In these glands then of the posterior wall of the trachea must we expect to find the points of origin of the tumor. A section through its entire anterior portion demonstrates the integrity of the mucous membrane on the circumference of the cartilages. On a level with the excrescence, it is somewhat thin and filled with dilated vessels. Most of the superficial glands are intact and their *locule* sharply defined in the cancerous side by elastic fibrous sheaths. The deeper glands, however, have undergone metamorphosis, and all degrees of degeneration may be observed. Those adjoining the cartilages may still be recognized, and long epithelial trunks arise from them and are lost in the tumor. On a level with the median portion, there is nothing in their place but a mass of epithelial detritus which gradually blends with the more recent portions of the tumor. These

destroyed glands correspond exactly with the central and softened portion of the neoplasm. On either side, the cancerous tissue is more recent, and the ends of the cartilages penetrate its thickness without noteworthy alteration. The epithelioma surrounds them externally, dissecting the tracheal sheath to form its own external envelope.

The results of this investigation lead us to conclude that the neoplasm is an epithelioma originating in the deeply seated glands of the tracheal membrane. There is reason to believe that the alteration of tissue, at first limited to the subsequently softened portion of the tumor, had after an indefinite period caused a neighboring ganglionic enlargement on the right side, whose stage of degeneration indicated its less recent formation. The lesion remained local for a time; then, as in cancers, a sudden period of growth caused the formation of the greater part of the tumor, and the subsequent ganglionic enlargement on the left side whose structure evidences more recent changes.

It is certainly strange that the mucous membrane had preserved its integrity to such a degree, when the extent of the tumor is taken into consideration. An explanation may perhaps be found in the study of the already noted elastic sheath of the trachea. These tough bands of fibrous tissue probably opposed to some degree the extension of the disease. Especially so, if, as we have reason to believe, the tumor was evolved by what may be termed a sudden outburst.

Clinically, a few details, regarding the case, are of considerable interest. There was in this patient some difficulty in diagnosis. The laryngoscopic examination was not made. Had it been, possibly the mirror would have revealed the intra-tracheal growth. On the other hand, the position of the tumor on the posterior wall of the trachea, and the depth at which its most prominent part was located, would have made such a supposition improbable. At any rate, the laryngoscope would have demonstrated the integrity of the larynx, and by exclusion the diagnosis of tracheal obstruction would have been reached. This conclusion would have been materially aided by an examination of the neck, especially with the preconceived idea that there was an obstacle situated below the larynx. There was no pain in the region of the trachea; there was no cachexia; the adipose tissue of the neck concealed the existing curvature of the trachea, and also rendered palpation of deeper structures more difficult. In fact, everything necessitated a guarded diagnosis.

Equally interesting is the fact of the increase of dyspnœa in

the sitting posture, and its diminution in the dorsal. This circumstance was so characteristic, it might possibly become of diagnostic importance in a similar case. It is apparently explained by a mechanical emptying of some of the vessels of the tumor, favored by the horizontal position, with the head on a level with the trunk.

We shall not advert to the inadequacy of any treatment that might have been adopted. The cancer killed the patient mechanically, before the appearance of the characteristic cachexia. Had tracheotomy been performed, the result may be easily conceived. The knife would have cut through the tumor and thus induced a hæmorrhage which probably would have been fatal.

Remark.—In reviewing my own case, it will be remembered that the peculiar relief to the dyspnœa, referable to the recumbent position noted by Sabourin, was very marked. It is a question in my mind whether his explanation of the phenomenon is altogether satisfactory.

Oulmont's Case.*—Eugene Canchon, æt. 70 years, a cook, entered the Lariboisiere Hospital, St. Laudry Ward, January 28th. His health had been excellent until about two months prior to his presentation. On December 1st, a chill was followed by a severe cold, associated with cough, constant, violent, and fatiguing, with expectoration, white, frothy and at times markedly sanguinolent. Fifteen days later, the voice became hoarse, and was occasionally entirely extinct; respiration difficult and noisy, particularly during the inspiratory act. The dyspnœa at times amounted to orthopnœa. The patient is large, obese, and anæmic. Voice completely gone. Respiration rapid. At time of examination, he was in the dorsal decubitus. Respiration is accompanied by considerable wheezing. More marked in inspiration, sonorous in expiration, and loud enough to be heard throughout the ward. The dyspnœa is paroxysmal, with complete intermissions. The paroxysms last from one to several hours, and are induced by emotion, movement and fatigue. He complains of no illness. In the intervals he has violent and prolonged attacks of coughing, with abundant expectoration, frothy and tinged with brownish blood. Deglutition easy for liquids, difficult at times for solids. After the attacks all the functions become normal.

Palpation of neck gives absolutely no result. No deviation of trachea, no tumor, no engorgement of hyoidean or subclavicular ganglia. The carotids are not swollen, and there is no

* Bulletin de la Soc. Anat. de Paris, p. 137. 1875.

trace of encephalic stasis. Palpation of the chest anteriorly is also unfruitful. No substernal dulness, indicating a mediastinal tumor. Heart action regular, sounds normal; pulse well marked, frequent, without a trace of atheroma, uniform and simultaneous on both sides. Posteriorly there is no manifestation of growth or ganglionic enlargement. Resonance everywhere, but respiration feeble, although heard in all portions of the pulmonary region.

On the 29th, the patient was examined laryngoscopically. No tumor appears in the glottis, but when the patient is told to enunciate ah!, the right vocal cord remains almost immovable, and appears paralyzed.

The above-noted symptoms, and the absence of other physical signs, point to compression of the right recurrent laryngeal nerve by a tumor, probably aneurismal, located on a level with the arch of the aorta, or the brachio-cephalic trunk.

Prescribed potassium iodide, lobelia inflata, combined with dry cupping.

The symptoms above noted persisted until February 4th, and on that day the patient was bled. There was some amelioration on the 5th. The voice is, at times, more distinct, the wheezing less pronounced in the intervals between the paroxysms. No dyspnœa. This condition lasted until the 8th, when the patient became worse, and on the 10th an intense suffocative attack occurred. The stridulous breathing reappeared; the pulse became small and frequent. No pulmonary lesion could be discovered. The patient died that night.

Autopsy.—Liver normal. Lungs emphysematous, anteriorly and at their apices. The trachea shows no trace of malformation or deviation. On its lateral wall are situated some enlarged ganglia; and posteriorly, as far as the first ring, is seated a tumor about as large as a hen's egg, projecting slightly on the right lateral wall. The tumor exerts pressure posteriorly upon the œsophagus, contracting its canal to such a degree that the walls appear to lie in contact. The growth is blended, by its right lateral prolongation, with the thyroid body, whose right lobe presents at its base an induration as large as a medium-sized nut. Dividing the trachea on its anterior face, we find a tumor whose summit corresponds with the base of the cricoid cartilage, narrowing the tracheal canal so as to give it the form of a crescent, with posterior convexity. The mucous surface is healthy. This growth blends with the large extra-tracheal neoplasm, and is hard and resistant to the knife. On section, an abundant milky fluid exudes, in which, under the

microscope, is seen a throng of large cells, irregularly formed and with one or more nuclei. Its tissue is white, gristly, slightly granular, and rasps under the scalpel. Posteriorly, the growth blends completely with the anterior œsophageal wall. The lining membrane of the œsophagus is intact. Finally, on a level with the nodule found in the thyroid body, the neoplasm has invaded the gland. On dissection, we find the right recurrent laryngeal nerve underneath the crico-arytenoideus posticus, and evidencing close union with the tumor at its superior border. The left also unites with a ganglion whose tissue shows structural metamorphoses analogous to those observed in the tumor itself. Koch* gives an account of an encephaloid which was formed in the trachea of a servant, æt. 37 years, who died of suffocation after a long illness, characterized by cachexia; from the fifth to the tenth ring, the diameter of the trachea was reduced to that of a pencil.

Schrötter† cites a case of primary cancer of the trachea, situated between the third and fifth rings, in which the diagnosis was made prior to death by means of the laryngoscope.

In 1877, Schrötter‡ presented before the Medical Society of Vienna an epithelioma which formed in the trachea of a woman 52 years old, completely obliterating its cavity.

Fischer§ narrates the history of a patient, 33 years of age, a baker by trade. He was ill for one year, and suffered principally from dyspnœa, which gradually became very intense and frequent. The yellow color of the skin, the extreme feebleness and emaciation showed the man to be in a profoundly critical condition. Under the laryngoscope, the vocal apparatus evidenced simply signs of chronic catarrh. The trachea, on the contrary, was found reduced to a chink at the site of the first ring, by tumors attached to its side and projecting into the lumen. Nothing abnormal was found in the thoracic organs. There existed no syphilitic antecedents. The tumors which produced the contraction were therefore, according to all appearances, of a cancerous nature. Tracheotomy produced no appreciable amelioration in the patient's condition, as he steadily grew worse until death from intercurrent pneumonia took place.

The autopsy confirmed the diagnosis. The tracheal canal

* Schmidt's Jahrbücher, 1870, vol. 146, p. 90.
† Laryngologische Mittheilungen, 1871, p. 86.
‡ Annales de Maladies de l'Oreille et du Larynx, March, 1883.
§ Annales de Maladies de l'Oreille et du Larynx, March, 1883.

was transformed into a cleft, seven cm. long, by a carcinomatous degeneration of the mucous membrane.

Morra's* case is the only one left unconsidered. This apparent omission is due to the fact of my being unable to gain access to the original description.

In conclusion, it might be well to note the fact that Friedrich,† Eppinger,‡ Schrötter,§ and Fischer,‖ also cite additional cases of tracheal growth; but in all of them, with the exception of Fischer's, the cancerous nature of the neoplasm was not definitely determined. Fischer's second case was undoubtedly cancerous, but the growth had its origin external to the trachea, in the thyroid, and although it eventually implicated the trachea itself, it must, for manifest reasons, be necessarily omitted from our list.

CLINICAL USES OF ONOSMODIUM.

BY W. E. GREEN, M.D., LITTLE ROCK, ARK.

I PUBLISH the following cases, as a supplement to my original article, to show that the drug has some therapeutical value; that the curative action is in accordance with the homœopathic law; also, that the remedy acts as well, or better, in the potencies, than it does when given in material doses.

These cases are only a few selected at random from the many in which I have used it.

CASE I.—November 25th, 1884, I was called to see Mrs. B—, aged 50 years, who had been suffering from vesical irritation for three weeks, and had been treated without relief. She stated that she had before been afflicted with the same trouble, and that it was months ere she felt free from the tormenting tenesmus.

I prescribed Onosmodium, 20 drops (the dose recommended by Dr. Dungan, who gave me the drug), every three hours. Within a short time she sent for me, stating that the remedy had produced a severe soreness and dryness of the throat.

I reduced the size of the dose to five, and ultimately to three drops, every three hours, with entire relief within a few days.

CASE II.—Mr. G— consulted me on account of a train of symptoms, that evidently indicated hyperæmia of the spine.

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* Loc. cit.
† Virchow's Manuel de Pathologie Speciale, 5, 486.
‡ Handbuch der Pathologischen Anatomie, 1880.
§ Laryngologische Mittheilungen, 1875, p. 103.
‖ Annales de Maladies de l'Oreille et du Larynx, March, 1883.

They were as follows: Severe pain in the lower dorsal and lumbar regions that came on in the night, when lying down, worse toward morning, but better when up and around; constant sexual irritation, accompanied by severe erections that were, also, aggravated by dorsal decubitus; slightly disturbed muscular co-ordination, with numbness, and tingling sensations, in the feet and legs.

Pres.—Onosmodium ♁ in five-drop doses, four times daily. The symptoms all subsided within a week, and have not returned.

Case III.—I was treating Mr. D— for urethral stricture. After the operation of urethrotomy, a severe urethral inflammation came on, accompanied by vesical tenesmus, for which I prescribed Onosmodium, in five-drop doses, every three hours.

Within twenty-four hours, decided amelioration of his symptoms supervened, but others of a severe nature, that I attributed to the action of the drug, were developed.

To use his own language, they were as follows: "I feel as if I had been on a drunk for a week; my head aches and feels full; my mind is confused; I cannot think, remember, or keep my thoughts upon my business; my legs are tired and numb, and I cannot walk well."

On discontinuing the drug, these symptoms promptly disappeared.

Case IV.—Mrs. P— consulted me for numbness and aching in the lower extremities, with oppression about the heart, and a general muscular prostration. Upon physical examination, I found an enlargement of the heart by dilatation, with aortic and mitral systolic murmurs.

Pres.—Onosmodium 1^{x} dil., five drops, every three hours. The next day the patient reported great improvement, but that she had been compelled to leave off the remedy, on account of its having developed urethral irritation.

As all of her symptoms, with the exception of those referable to the heart, were relieved, I changed the medicine to Dig., this being the drug now most indicated.

Case V.—Mrs. H— consulted me on account of severe backache, in the sacro-lumbar region; dull, aching soreness in the uterus and ovaries; vesical tenesmus; colicky pains in bowels; slight nausea; clammy taste in the mouth, and white-coated tongue.

Pres.—Onosmodium 2^{x} dil. in five-drop doses, every four hours.

Patient improved rapidly, and was relieved in a few days.

Case VI.—Mrs. J—, æt. 45, consulted me on account of dull, frontal headache, extending through both temples; dizziness; pain over præcordia, and crest of left ilium; urinary discharge irritating, frequent, profuse, light-colored, and of low specific gravity, 1010. General prostration of the muscular system, that confined her to her bed.

I gave Onosmodium 6th dil. which relieved all the symptoms within twenty-four hours.

Case VII.—Mrs. M—, æt. 30, married, light hair, blue eyes and fair complexion. One week ago she slept in a draught, during a thunder-storm, that blew from the northwest. On awakening, she complained of severe and constant roaring in both ears, that she likened to the purring of a cat, also, of a marked degree of deafness. On attempting to get up, she staggered and fell. These conditions continued unabated for five days, when I was called.

Upon examination, I found the following well-marked symptoms present: Inability to walk without assistance, could not even stand, unless supported; constant tinnitus aurium; loss of memory; could not remember that I had called to see her that day, and requested the second time that I should call; would repeat orders to the servants that she had before given. Vision blurred, and on looking closely at objects, would see double; pain in the lower portion of the back, and in the lower limbs. When walking, she experienced a sensation as though she was treading upon cotton; also imagined that the floor was too close to her, and consequently, she would step too high, and thereby jar her body. She could not go up or down stairs, for fear of falling; said that she could not trust her limbs to carry her on the stairway.

I prescribed Onosmodium 1^{x}, in drop doses, every two hours.

The next day she reported that she was worse. I discontinued the remedy for twenty four hours, then gave it in 6^{x} dil. The relief was prompt. Improvement began with the first dose, and continued to recovery.

SANGUINARIA IN STOMACHIC DISORDERS.

BY GEORGE W. WINTERBURN, M.D., NEW YORK.

The value of Sanguinaria in gastric derangements, while well known to students of Materia Medica, has not been sufficiently dwelt upon to attract the attention of the average

practitioner. The two following cases illustrate what it will do, and point to its more characteristic symptoms. They are offered as a slight contribution to the study of this valuable remedy.

I. Mrs. J. T. F., aged 48, sanguino-bilious temperament, a woman of much energy and refinement, applied for treatment on April 4th, 1885. She had been suffering for several months with a neurosis of the stomach, which had been diagnosed by one of those shut-eyed mediums as "canker," and for which she had recommended a decoction of blood-root and boneset in tablespoonful doses. The patient was, however, unable to take this preparation, as each dose caused intense burning pains in the stomach, lasting for hours, and, on passing off, produced no beneficial change in the morbid viscus. After suspending this treatment, she waited several weeks, and finding herself constantly growing worse, she applied to me. The symptom most complained of was a burning sensation accompanied with pressure, in the epigastrium, coming on soon after lying down and compelling her to arise. These pains were worse at night, but they recurred at any hour when she assumed the recumbent position, though less severe in the daytime. There was no nausea, and eructations afforded no relief unless she sat up, when the pain and pressure would gradually disappear. Her appetite was rather voracious, but she was peculiarly careful as to diet, and restricted herself to the plainest food. Bowels torpid; but she had an unsatisfactory stool every morning, which left behind a sense of discomfort as if more should have been passed. There was no headache, and an entire absence of those symptoms which are understood by the term biliousness. There were peculiar drawing pains in the shoulders and arms during sleep, so that when she awoke the fists were tightly clenched and flexed upon the sternal end of the clavicle. This cramping-up of the arms always occurred during sleep, and was followed by a sense of lameness and weariness in the affected muscles.

The symptom "burning in the stomach" is common to a multitude of drugs, of which Sanguinaria is one. "Pressure in the epigastrium" is likewise and for the same reason an uncertain symptom to prescribe by; and both are held in common, according to Lippe, by some twoscore drugs. These symptoms with "increased appetite" are found under Sanguinaria, Nux vomica, Bryonia, Secale, Graphites, Carbo veg., Sepia, and about a dozen other remedies. "Lying down" ameliorates the pains under Bryonia and Carbo veg., while the

others all have "aggravated on lying down." "Eructations afford no relief" under Sanguinaria, and of the above-mentioned remedies, Nux vomica and Graphites. The first two of these have "ineffectual stool," and both resembled the case in hand in the pains in the shoulders and arms. I, therefore, hesitated whether to give Sanguinaria or Nux; but the absence of clawing pains in the stomach, and of that characteristic weight like a stone, and the persistent prominence of the burning sensation led me to Sanguinaria as the true homœopathic remedy. This was given in the 200th potency, a dose every night at bedtime. After the first night, the symptoms disappeared like magic. The fifth night she had a moderate return of the gastric burning, but this seemed to be due to her having eaten very freely of stewed tomatoes and rhubarb pie. She has remained free from all gastric or other pains up to this date, three months.

There are several points to which I would call attention: (1). The selection of blood-root as the remedy by the clarivoyant; (2). The aggravation by this drug of the most prominent symptom of the case, after each dose of the decoction; this undoubtedly had an unconscious influence in leading my mind to Sanguinaria; (3). The prompt and permanent effect of the remedy when given in a high potency. Both the gastric and myalgic symptoms had persisted for months, and were growing worse and worse each week; but they practically disappeared at the second dose of the remedy.

The next case is quite different, but is equally interesting and instructive.

II. Mrs. M. L. S., aged 30, a chronic inebriate, whom I have treated at various times during the past seven or eight years, sent for me on July 1st, 1885. She had been drinking pretty steadily for a couple of weeks, beer, whiskey, and what not in inordinate quantities until her stomach refused any further abuse; in short, she had a violent attack of emeto-catharsis. I gave her Nux vomica 1^{x}, to antidote the free alcohol in her blood, a remedy which I have found invaluable in these cases; but it seemed to increase the nausea, and was suspended. I then gave Arsenic 6, which checked the bowels and relieved the intense thirst, but had no effect in quieting the stomach. This was the state of things on the morning of July 3d. She was very irritable and angry at not being relieved, as she well might be considering the agony she was in. Everything she took in her stomach, even water, was almost instantly ejected. About once in fifteen or twenty

minutes she would have a spasm of the stomach, with gagging and coughing, and the ejection of some frothy mucus. This frequently repeated effort caused great pain in the chest and abdomen, from the straining. Beef-tea, black coffee, milk, even when given by the teaspoonful, came up almost as soon as it was down. Besides the gastric intolerance and cramps, there was the most intense burning, extending from the stomach up the œsophagus to the pharynx, which felt swollen and dry. The only position in which she was at all comfortable was lying slightly turned on her left side. It was impossible for her to lie upon her right side, and when rising after lying down she was seized with vertigo. Her cheeks and hands were livid. She believed she was soon to die, and was unwilling to be left alone. I gave Sanguinaria 200, a dose every two hours. In the evening the nausea had ceased, but the burning pains remained as before. The smallest particle of food gave her great agony. It seemed as if there was a spot about the size of a silver half-dollar which was ulcerated, and the contact of anything with this was excruciating. She slept better during the night, but awakened in the morning in a great fright. That afternoon (July 4th) she was able to eat a little solid food (the white meat of a soft-shell crab), with which I allowed her a glass of claret. She made a wonderfully rapid recovery. On Sunday, the 5th inst., she was sitting up and dressed, and was able to eat a dinner of broiled blue-fish, etc. The ulcerated spot still felt sore, but the power of digestion was restored, and all the functions were performed normally. Five doses of Sanguinaria were taken on the 3d instant, three on the 4th, none on the 5th.

There was little resemblance between these cases, except the burning sensation in the stomach. My theory of the first case is that it was a simple gastralgia, without structural change in the stomach. The pains in the stomach and the cramps in the arms were reciprocal. The cause of the whole trouble was anxiety and an undue amount of household cares. The family, like many another this year, were seeing hard times, and having a handsome house the good wife had taken a few boarders to eke out expenses. The other case was doubtless softening of the epithelium of the stomach and denudation of the mucous membrane, caused by the continued presence of alcohol. The small spot which was so intensely sore was probably an ulcer. The patient is naturally very vigorous, and always recuperates quickly under proper treatment.

GENERAL PARESIS AND AGARICUS.

BY SELDEN H. TALCOTT, M.D., MIDDLETOWN, N. Y.

THE most fatal scourge among the numerous insanities of the day is general paresis. Its progress is often marked by strange deviations from the direct course, but its finally fatal conclusion has thus far in its history seemed to be inevitable. Modern medical investigators have studied the disease with a care worthy of the highest praise. Volumes descriptive of paresis, have been written and published. Remedies for its cure have been sought for with diligence and zeal. And yet in clearness and conciseness of description, and in plain statement of fact as to the probable outcome of paresis, in spite of all the remedies used, we find nothing in modern literature which surpasses the words of Shake-peare, written nearly three hundred years ago. This great polychrest of thinkers says of the man who is evidently in a paretic condition:

> "Things small as nothing, for requests' sake only,
> He makes important: possessed he is with greatness,
> And speaks not to himself, but with a pride
> That quarrels with self-breadth. Imagined worth
> Holds in his blood such swoll'n and hot disease,
> That, twixt his mental and his active parts,
> Kingdomed Achilles in promotion rages,
> And batters down himself. What should I say?
> He is so plaguey proud that the death tokens of it
> Cry 'no recovery.'"

The chief delusions of paresis are those which relate to personal strength, to personal wealth, and to personal grandeur. It is surprising how uniformly a paretic feels strong, and "first-rate," when, in fact, the physical strength is deplorably impaired. It is a marvel to hear him discourse upon a wealth that would stagger a Vanderbilt; and, in spite of its sadness, it is as fascinating as an Arabian-night's story to listen to the wonders which will be wrought with the wealth and strength which he, in his own estimation, possesses.

From the active to the passive stage of paresis is a descent into the bottomless pit of abject dementia. Here we find loss of the use of the mental powers, and a strange relaxation or tremulousness of the entire physical system.

Now the remote or early causes of the deplorable conditions which exist in paresis consist of an overtaxing or exhaustion of both the physical and the mental forces. These forces generally succumb to the misapplied influences of wine, women, and work, and the consequent worry which such misapplica-

tions induce. A possible predisposition to disease may enter as a factor in some cases.

The pathology of paresis appears to depend upon some inflammatory process. And yet it is not an ordinary inflammation. If it were, we might expect to cure it with *Belladonna*, or some kindred remedy. Back of the apparent inflammation and the resulting degenerations, there seems to exist a subtle relaxation of those nerve-fibres which control and stimulate to proper action the numerous bloodvessels of the brain.

Is there any remedy in the materia medica which can reach and control such a disease? This is the question which has puzzled us during the past ten years. Many drugs have been administered to the paretic patients under our charge. None of them performed in full the task to which they have been assigned. Still we are happy to report that one remedy has worked well in mitigating the symptoms, and in restraining the progress, of general paresis, and that remedy is *Agaricus muscarius*, or, as it is styled by some, *Amanita*.

The marked effects of *Agaricus* in producing disorders of the brain, and, consequently, in disturbing mental function, correspond closely to the symptoms usually developed in a course of paresis. It may, in fact, be truthfully said that this drug produces, upon the thorough prover, an artificial paresis.

Some of the most striking symptoms induced by the provings of *Agaricus* are as follows: The feeling that one enjoys a marked increase of strength, and with this is a cheerful delirium; everything is rosy-hued and prosperous; the patient sings, and talks, and imagines that he is a military officer giving commands to an imaginary host; under the effects of *Agaricus* the victim becomes hilariously intoxicated, boasts of his exploits in war or the chase, and also seeks to demonstrate his great strength by lifting and carrying heavy loads; he likewise indulges in prophecy, and in the making of verses; while in this exalted state of mind, the patient often experiences spasmodic tremblings throughout the entire muscular system; convulsions of the facial and cervical muscles are especially noticeable.

After this mental excitement and physical disturbance there comes, quite naturally, a period of depression, of discouragement, of melancholy, and of anxiety. A little further along, and we note confusion of mind, imbecility, stupefaction, forgetfulness, and even complete loss of consciousness.

After passing through these various phases of mental exhilaration, mental depression, and mental obfuscation, and

after recovery from the effects of the drug, the prover retains but very indistinct recollections of his peculiar experiences.

The bodily symptoms which accompany the mental states of *Agaricus* are: Vertigo (this is marked and persistent), with a constant impulse to fall backwards; there are twitchings of the muscles of the eyes, and about the mouth, in fact, of all the muscles of the face; there is marked redness of the face without a perceptible increase of heat (this is a marked symptom in some cases of paresis). The face, under the effects of *Agaricus*, is not only red, but it is also puffy and distorted, and the lines of intelligence are, to a considerable extent, obliterated. The *Agaricus* patient often has a ravenous appetite, and bolts his food in a tremendous hurry. This is also characteristic of the paretic during the early, and sometimes in the later, stages of the disease.

The urine of *Agaricus* is of a nature to be expected after gluttony and debauchery.

The sexual desires of *Agaricus* are often enormous and enthusiastic, but the power of gratification is limited by an unfortunate relaxation of the penis.

Throughout the system, while *Agaricus* is doing its work, there are, at first, spasmodic twitching of the muscles, followed by a waning tremulousness, and finally there comes to exist a general relaxation from exhaustion. These symptoms and conditions of *Agaricus* present a striking similarity to those found in the average paretic.

If paresis is to be relieved at all it must be during the early and developing stages of the disease. The physician should be keen in discovering its earliest symptoms, and prompt in his efforts to afford relief. In this brief paper, it has been our aim to disclose to the profession one of the most efficacious drugs yet discovered for the treatment of paresis. And we would likewise suggest that this remedy might be applied in cases of nervous exhaustion as a possible prophylactic against an impending fatal disease.

EVIDENCE BEARING ON THE NON-CONTAGIOUS NATURE OF YELLOW FEVER.

BY JAMES KITCHEN, M.D., PHILADELPHIA.

After a long, heated term in the month of August, in the year 1828, I was called early one morning to visit a young man, 24 years of age. Arriving at his bedside, I found that he had had a severe chill in the night, and was laboring under

a high fever; his pulse was strong and bounding, and above 100; dry, burning skin, white-coated tongue with fiery red edge, injected and fiery red eyes, and very restless. After a careful examination, I at once made up a diagnosis of yellow fever, based upon an experience I had had when a student of medicine, eight years previous, in 1820, during a severe epidemic of that disease in Philadelphia. He was a young man of good habits and previous good health, well developed, and not addicted, as far as I could learn, to any excesses. His dwelling was about 100 yards from the Delaware River. He had not been out of the city, nor employed on any business on board of any vessel in the harbor where he might possibly have contracted the disease. I make this last statement, because yellow fever almost always originates along the wharves, at least such has been the case in all the epidemics we have had in Philadelphia. The case proceeded until the morning of the fifth day, when, as usual in such cases, there was a remission on the morning of that day; this is generally the course in yellow fever. At eve, the fever set in again and continued until the dawn of the eighth day, when black vomit took place, and death followed in a few hours. I may add that there had been, during the summer, many cases of bilious fever, both in the city and neighboring country, but this was such a unique and well-defined case of yellow fever that it created quite a lively sensation through the medical profession. I made a thorough *post-mortem* in the presence of a dozen or more of the older leading physicians of the day, the larger proportion of whom had been conversant with the disease during former epidemics, and they were all of one opinion after the examination of the body at the *post-mortem*, that it was a genuine case of yellow fever. The examination revealed the skin and tissues of the internal parts as yellow as gold; the stomach and bowels replete with black vomit; little or scarcely any urine in the bladder; the stomach highly inflamed; all full indicative appearances of Yellow Jack, as the sailors call it.

In the year 1838 a young man, engaged in one of the interior towns of New York State, failed. Broken down, discouraged and disheartened at his first attempt in life, he packed up and bid good-bye to his native place and all its endearments, local and personal, and set sail from New York to seek a better luck in a southern and strange land. Going ashore at Charleston, S. C., he made his way up to the Planters' Hotel. In going up a long flight of steps, leading up to the main entrance, he met four men carrying down a heavy coffin. A

shudder ran through him, having been informed that there was a severe epidemic of yellow fever prevailing in the city at the time of his arrival. He proceeded up to the office, and upon inquiry, was told that a man had died of yellow fever, and was taken away in that coffin. He immediately turned back, left the hotel, and proceeded back to the wharf, and there found a vessel on the eve of sailing for Philadelphia, in which he took passage, and in a few hours they were bounding on the waves of the Atlantic, he instinctively congratulating himself that he had so luckily escaped the grim monster epidemic. The passage to the Capes of the Delaware was quick and prosperous, but, on entering that noble river and looking forward to Philadelphia as a safe harbor, both he and the captain were prostrated with a severe chill, followed by a high fever, evidently an attack of the Charleston epidemic.

Arriving at the city the following morning, they were taken to Bloodgood's Hotel at the foot of Walnut Street, and the wharf at which place I was sent for to attend them. The captain was a full-blooded, pot-bellied man, stout and well-formed, and apparently a healthy person ; the passenger, a well-developed person ; each about 30 years of age. Upon examination I found unmistakable evidences of yellow fever, and commenced my treatment accordingly. On my visit on the morning of the fifth day, on entering the captain's room, I found him lying almost naked on the sacking bottom, and a large pool of water under it on the floor, and a stream of the same traced down to one corner of the room. I asked him, how he felt? He replied, Oh, I am all right to-day ; I am going to get well. But what have you been doing with so much water under the bed ? Oh, he replied, that's all sweat ; I have been sweating all night, running off of me in a stream, and it has carried all the fever away, and now I am convalescent and as cool as a cucumber. I felt his pulse and skin, and found him quite cool, with a good and natural pulse. He was convalescent. But entering the room of the passenger, all was reversed. Continued fever, high pulse, and hot skin very dry ; blood-shot eyes, and in all respects worse. This continued until the morning of the eighth day, when death relieved him after some hours of black vomit, with intensely yellow skin and all the concomitants of yellow fever.

Remarks.—The first case was a very singular one—that a young, healthy man, well connected and, as far as I could ascertain, in every way correct in his deportment, should be suddenly stricken down by such a malignant disease, with-

out any apparent cause, alone in the midst of such a large multitude of persons, exposed to the same surroundings and influences, is very remarkable, if not mysterious. In old and superstitious times, when every calamity was attributed to the anger of the gods, we might solve the question without trouble, but in these enlightened days, when every effect must be traced clearly and undoubtedly to its true cause, we are puzzled and arrested at such an occurrence. I have to acknowledge one dilemma in trying to come to a veritable conclusion. He had not been out of the city, had been in good health up to the night of the chill and consequent fever, had not been on board of any vessel in which he possibly might have contracted the disease. True, there were many cases through the summer of severe bilious fever in the city and adjacent country; and then the question might be asked, whether fevers of a malarial type may not be graded, beginning with intermittent as the simplest type, and proceeding up to remittent, bilious, and culminating in the highest of yellow fever? Or, according to the present germ-theory of disease, can there be peculiar germs to peculiar types of fevers? These questions are puzzling, and cannot be answered at the present period of medical research. If the same theory be true, the time will come when such puzzles will be resolved to our satisfaction, but until that period arrives we must put our hands on our mouths and acknowledge our ignorance.

In addition to what I have written, the question of contagion looms up very strongly to our view. Then these cases are strongly antagonistic to the doctrine of contagion advocated by some writers. During their sickness there were dozens of persons in the rooms in which they lay, administering to them at all hours of the day and night, and yet not one took the disease. Now this would not have been the case if they had been affected with small-pox, or any other contagious disease. In another view of the matter, cases removed from infectious districts to healthy ones, such as to another part of the city or to the country, have not been known to spread the disease. Yellow-fever epidemics in Philadelphia have always started from a locality, and spread slowly to the surrounding neighborhood, gradually advancing from street to street until the advent of frost, which invariably puts a stop to it. In some countries, as the West Indies and along the seaports of Mexico, etc., it is endemic. Quarantines have never kept it away from any district. Hence they should not be too stringently enforced. They are great drawbacks to commerce and

individual personality. They cannot bottle up an epidemic, as such are atmospheric. Persons should be free. Vessels, in some special cases, should be detained. Home hygiene should be the great factor of protection.

CONSIDERATION OF MAGNETIC INFLUENCES.

BY AD. FELLGER, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the County of Philadelphia, February, 1885.)

Magnetism and homœopathy have been treated alike contemptuously by the "scientific world." The arrogance of so-called scientists has always held that as impossible which they could not comprehend. That the difficulty did not lie in the subject, but in themselves, they have often found, and have had to confess—or the events in the history of science did it for them—that they had been more ignorant than they imagined.

The domain and object of science is nature, and the design of science can only be the substitution of inevitable necessity for chance or accidental occurrences. For, in nature, law reigns, and we refer to chance or accident those things only the cause of which we do not know. Among great men, such as Kepler and Newton, who have enriched science by formulating such laws, we must place Hahnemann and Mesmer. Since the time of the latter, experimental physiology has confirmed, in the minutest particular, the laws which they laid down.

Physiology teaches us that the brain, the medulla oblongata, and the sympathetic ganglia of the nerve-fibres connected with them, form the organs which connect the soul with the body; that every nerve has its appointed function, and that these various functions proceed from a central nucleus situated in the brain, the medulla oblongata, or in the ganglia; that the nerve-ether or nerve-magnetism is conducted along the nerves in a manner similar to a current of electricity, and is of such a refined nature that it cannot be demonstrated either chemically, microscopically or by means of spectral analysis; that a nerve, the functions of which are operative, cannot be distinguished from one which is quiescent. The various functions of the brain, etc., and its nerves, can only be due to the various qualities of this nerve-ether or nerve-magnetism.

When a human being is in an entirely healthy condition,

the various functions are performed without his consciousness. This indicates a normal qualitative condition of the nerve-ether or nerve-magnetism. If, however, this nerve-ether or nerve-magnetism is altered by deleterious influences, it cannot retain the normal condition of its functions, and disturbances or stases ensue in some organic part, and physical and psychical (pathological) sensations, such as acceleration of the circulation and the finer life-movements, are experienced, and a person finds himself sick.

Through the most accurate and complete collection of all these pathological signs, we recognize the altered qualitative condition of the magnetism in the central and nerve sphere; and where magnetic forces are active, the same magnetic laws must be operative, for throughout the realm of nature we see the same laws create and preserve according to one and the same guiding idea. Therefore, according to the magnetic law "like poles repel each other," that remedy which produces identical disturbances (with their sequelæ) in the nerve-ether, and which manifests itself as a disease-producing cause, must also repel them and effect a return to the natural condition. This is the law "*similia similibus curantur*," formulated by Hahnemann.

No branch of science can show an experiment which has been tested and confirmed in all countries so many millions of times since the days of Hahnemann. If, then, any laws of nature can be scientifically considered admissible, this must be one of them. The assumption that a homœopathic remedy, in which no medicinal particles can be demonstrated by the microscope, is no longer curative, is physiologically false. For, according to the laws of physiology, precisely that highly potentized remedy which does not show any molecules, and which approaches most nearly to the refinement of the nerve-magnetism and soul-substance, is the curative one—provided it has been selected according to the homœopathic law, "*similia similibus curantur*." This fact could be demonstrated by many illustrations from my own experience and from that of others, did time permit.

In "*similia similibus curantur*," and the potentization of drugs, Hahnemann has established two laws which have been demonstrated by physiological experiments, and innumerable confirmations at the sick-bed, to be in accord with nature. To follow these laws accurately is the only certain method of attaining the end in view, and every departure therefrom can only be a step backward. On account of the diversity of the

functions of the brain and central organs, of the ganglia and the numerous nerves, so great a variety of combinations of pathological symptoms is produced, that all the phenomena which have been discovered by physiological experiments made by vivisection sink into insignificance in comparison. If one takes into consideration the mass of symptoms which has been obtained from drug-provings, he must acknowledge that ours is better able to meet the demand made upon medical science than any other system.

We may remark, in parentheses, that vivisection is not necessary for us, as the proving of drugs upon healthy persons gives us much more correct and comprehensive conclusions upon which to base the application of our remedies. This is shown by the expressions of physiologists themselves. Professor Herman says: "Physiological experiments are in this connection (experiments with electricity or galvanism) in the highest degree uncertain; the usual methods employed to produce irritation give partly no results at all, and partly they are not sufficiently localized to base positive conclusions upon, by reason of the numerous ramifications of the nerves, which must cause unavoidable deviations in the electrical current." He makes these remarks about experiments on animals whose brains and spinal-cord have been laid bare and treated with a current of electricity. Of other, differently executed experiments, Professor Ludwig says: "Instead of an exact dissection and irritation, the much cruder experiment is here employed of injuring and attacking the finest and most complicated structure (the brain) by comparatively coarse means—analogous to an attempt to take a watch apart by a pistol-shot." These experiments are, therefore, not entitled to the name "scientific." For us they have not the least practical value—nor for any one else.

Pathologists have divided, after the method of natural sciences, all diseases into classes, groups, sections, etc., and have given different names to the different forms. This classification has been based upon pathological anatomy, physiological experiments (mostly unsatisfactorily executed), chemistry, and various hypotheses. Hereby they have totally ignored the fact that the various and innumerable disease-manifestations, in connection with psychical and other subjective symptoms, cannot be reduced to regular forms like objects of the mineral, vegetable, and animal kingdoms, and that, therefore, this classification of disease is lacking in scientific value, such as is found in the divisions of the three natural kingdoms. Such pathological

classification has, indeed, no value to the homœopathician, and it may even mislead him into generalizing where only by strictly individualizing can he hope to attain success.

The old school, no matter how easy it makes the study of disease by its pathology, still leads its votaries into a labyrinth without the thread of Ariadne to help them out again. But the homœopathician, with the law "*similia similibus curantur*," will always be guided safely in the varied cases, and the more closely he individualizes the more surely he attains the desired end. A more complete examination of a disease, including its minutest details, which is necessary for the homœopathic physician who desires to treat his case properly, cannot be imagined. All objective and subjective symptoms, with all cosmic, telluric, and psychical influences must be taken into account in selecting the remedy; hereditary predisposition, constitution, climatic, endemic and epidemic influences; time of the year; condition of the weather and temperature; locality, rest, motion, the various positions, as well as the side of the body affected; internal and external parts; centripetal and centrifugal sensations and manifestations; longings and loathings of every material and mental nature; every alteration in the senses, disposition, and mind, and the phenomena relating to them; dreams, illusions, hallucinations, and all causes and circumstances which aggravate and ameliorate the various symptoms must be investigated. Again, as all of these manifestations of disease have their legitimate cause, which can only be met by a procedure based upon a law of nature, homœopathic treatment can alone be called scientific.

We have considered the special activities of the organs with which the soul is in connection. The soul itself is, in its essence, a single indivisible substance, which, although exercising special activities, is, nevertheless, a living unity from which these proceed. Organization is not the cause of the soul; the soul is the cause of organization. The spiritual is always included in the idea of life. The sensations are bodily reflected in the brain, spiritually in consciousness. Thus they have a common central point. Herein lies the great importance to the homœopathic physician of mental symptoms, which should never be left out of account. Often they alone are the guiding symptoms to the remedy that will act upon the central point in which the entire disorder originates. The soul is the individual expression, or the sum total, of the feelings, and is different in every person.

The seat of the soul is in the whole body—it pervades every

part. The spirit thinks, and as we feel so we think. Thinking and feeling always take place at the same time. Without feeling there can be no thought; without thinking, no feeling. Feeling and thinking are not a "beside one another," but an "in one another." The spirit is conscious of its oneness, whether thinking or feeling. Soul and spirit, therefore, are only manifestations of the same qualitative and quantitative psychical essence, which, at times we call soul, at others, spirit. Spirit would be the best expression for this inseparable essence of a human being. From these considerations follows the necessity of an accurate examination of the sick in order to comprehend the disorder in its totality. The thinking physician will at once see the correctness of this statement.

The life-magnetism is the connecting link between spirit, soul, and body, producing a harmonizing activity. As electricity acts only where a positive and a negative element exist, so, also, is the life-magnetism called into action by the presence of negative and positive elements. The positive element connects the spirit with the soul, the negative the soul with the body. The former might be called *anamaic*, the latter animal magnetism. The negative (animal) life-magnetism gives life to the body, and at the same time joins it to the soul. If this union which the magnetism forms be broken, and separation between soul and body take place, life ceases. After the soul has been separated from the body, the soul becomes to the spirit, what the body was to the soul. The soul is then the body of the spirit, and both are immortal. By artificial accumulation of the positive magnetism, and the consequent annihilation of the relation between it and the negative magnetism, there ensues a closer union of spirit and soul, and a relaxation of the union of soul and body. Through this disturbance in their relations, and the preponderance of the positive magnetism, the negative becomes entirely inactive. This condition constitutes the *magnetic sleep*, whose higher degree is *somnambulism*.

To Mesmer, belong the honor and credit of having first proven by experiment the existence of this magnetic fluid in the human body. When he discovered that polarity, which is the inherent property of the magnet, exists in the human body, he termed it animal magnetism, in contradistinction to that which exists in minerals. As the magnet and magnetic needle demonstrate that this fine magnetic ether pervades not only organic but inorganic substances, so, by means of potentization of drug substances according to Hahnemann's direc-

tions, the magnetic ether residing therein will be developed in a similar manner to that in the magnet.

The time allotted this paper will not permit me to enter more deeply into the phenomena of electricity, galvanism, magnetism, hypnotism, somnambulism, etc. I must, therefore, confine myself to brief allusions which shall call the attention of the practical physician to those phenomena which are developed by magnetism or are connected with it. Mesmer says: "The electric and magnetic ether pervade the whole universe, and all substances in it; that nothing exists in which it is not contained. Without it no organic life can be imagined. Inorganic substances are, by means of it, taken up by the organic, and thus become organized. Electricity and magnetism are cosmic dynamides; they become telluric in the different organizations, and conduct themselves according to the law of polarity." It is these cosmic, electric and magnetic currents which cause miasmatic and epidemic diseases, when they are qualitatively altered.

Moisture and dryness of the atmosphere and of the earth seem to be the cause of the alterations, as is made apparent in cities by the rise and fall of the underground water, and in the country in swampy neighborhoods by the development of endemic and miasmatic diseases. It is, therefore, evident that all causes of disease, which have for their foundation endemic, epidemic, or climatic influences, or variations in the weather or temperature, are to be viewed as dependent upon electric or magnetic disturbances. Even if they do not act directly upon the human body, they are still able to favor the development of products in nature which affect it deleteriously, and, at the same time, predispose us to their influences. These magnetic and electric influences, both of a cosmic and telluric nature, cause, again, disturbances in our electric or magnetic condition, which may be made to return to the normal state by the immutable law of nature, "like poles repel each other," or "similia similibus curantur." Notwithstanding that many of these influences cause similar symptoms, the accurate observer will find that more or less characteristic differences exist between individual cases, indicating different remedies. The search for an *absolutely specific* remedy is, therefore, fruitless, because it is opposed by the laws of nature and nature's healing principle. It is only by firmly adhering to this law that the most favorable results can be obtained.

In connection with these and other different causes of disease, hygienic and dietetic laws must be observed, according to the

rule "*tolle causem, tollitur effectus.*" This rule, although it must be followed, is not always final, for the effect of a disease-producing cause may last much longer than the cause itself. Here, therefore, the indicated treatment must be substituted. Everything which can or has produced disease must, if it be possible, be removed or avoided.

At the last electrical exhibition, people were warned against taking their watches into the building, because the electrical influence would disturb their movements.

That man himself, particularly when sick, is very sensitive to electric and magnetic currents, I observed first in 1840. In Stuttgart, in the winter of 1839–40 (as also in the present year) there was an epidemic of typhus among the soldiers. In the military hospital there, I noticed that those patients slept the most quietly who had changed their position in bed, and whom the nurses neglected to replace in their so-called proper position by bringing the head to the pillow. This caused me to order the nurses to place the pillow under the heads of those who had altered their position, no matter in what direction they might lie, provided there was no danger of their falling out of bed, and that they could be kept covered; in the latter case to place them in a position the nearest to that which they had chosen for themselves. As I expected, my ward became the quietest in the hospital. Jumping up and out of bed no longer occurred, and the nurses could attend to their duties much better, because their services were not so often required by the restlessness of their patients. I attributed this result to the polar direction in which the patient had placed himself, therefore to the more or less easy entrance of the electric or magnetic current into his body. In a similar manner, a nail driven into a wall in the proper polar direction becomes magnetic of itself.

In my report to the surgeon-general Von ——, I remarked that it would yet come to pass that the physician would have to inspect his patients with compass in hand in order to determine the proper position which his experience had taught him as being the best for them. I had the satisfaction to know that he did not consider this as at all improbable.

Since leaving the army I have had no opportunity to make more extended observations, but I have constantly directed my attention to this subject. I order persons troubled with sleeplessness to change the position of their bed, and I usually advise them to commence with an opposite direction to that to which they have been accustomed, or to that to which they

may have changed during the night. I recommend this position for the next night, particularly if it was attended by better sleep. I give mothers the same advice about their children. Hundreds have been freed from sleeplessness by these means. I often recognize by the altered position alone, particularly in typhus, whether patients are better or worse.

The quantity of ozone (electrified oxygen) present in the air must also be observed, and will lead to many valuable results. In this wise, metallo-therapy can also be made to subserve the purpose of homœopathy, if the different metals be proved upon healthy persons, so that they may be applied according to the homœopathic law, as Hahnemann has shown the properties of positive and negative metallic magnetism. In the same manner only, should electricity and galvanism be applied, and all other methods of applying them should be discarded, as they have already been productive of much mischief which could not be remedied,—this statement could be proved by many examples. Psychometric observations have also furnished results worthy of notice, and should be continued.

The subject of magnetism is so extensive that it is more difficult to treat of it in a brief manner than to write a comprehensive essay upon it; but as there are other articles to be read to-night those who expected still other points to be elucidated will please excuse my shortcomings owing to the brevity of time and space.

SYMPTOMS OF THE HEAD AND EYES.

BY H. N. GUERNSEY, M.D., PHILADELPHIA.

In prescribing for a case of sickness, the observant physician often may discover the appropriate remedy by observing the motions or the general appearance of the patient, without a word being spoken, or a question asked. We are taught by *Hahnemann* that the head symptoms are the most important to be considered, as being the most characteristic of the remedy. Of course, mental symptoms lead the way; but where these do not become apparent, the motions of the head and appearance of the eyes demand the fullest attention. Often have I been led to the earnest consideration of a remedy by the motions of the head and the appearance of the eyes. Then by carefully tracing out the whole case, and comparing the "totality of the symptoms," I make my final choice of the similimum.

Movements or Motions of the Head.

Belladonna.—Boring back of head. Dark-haired persons, plethoric, quiet. Moist exanthemata. Eclampsia; congested, red face; wild look. Pulse full, hard and quick. Worse: afternoon and evening. Better: sitting.

Camphor.—Head spasmodically turned to one side or backward.

Cicuta.—Head falls back. Pulse slow, weak, trembling. Eclampsia: eyes half open; cold face; violent convulsions.

Cina.—Head to one side; jerked back.

Cuprum.—Head tossing; shaking; forwards. Pulse weak and slow. Hair light. Dry exanthemata.

Hellebore.—Backwards; anæmic; no thirst. Worse: in cold air. Better: in warm air.

Hyoscyamus.—Shakes, or is drawn to one side.

Ignatia.—Trembling and shaking; bent back during spasms.

Lachnantes.—Head drawn to one side, neck stiff.

Podop. pelt.—Rolling of head from side to side.

Sepia.—Involuntary jerking backwards or forward.

Stramonium.—Head rises from and falls back to pillow, or moves from side to side. Better: in strong light.

Pupils Dilated.

Apis.—Scanty urine; no thirst; worse after midnight; screaming (sudden piercing cries); boring head into pillow; restless.

Arnica.—From a fall (or bruise), or fatigue. Insensible; hot head; restless; worse in the night; respiration unequal.

Belladonna.—Plethora; bending back (opisthotonos). Pulse full; quick, hard, bounding. Quiet (dull and heavy). Worse: afternoon and evening. Better: sitting. Dark hair; delirium.

Calc. carb.—Light hair; head sweats; hot flushes. Pulse tremulous. Worse: from cold; cold air; wet; can't get to sleep; loss of fluids; suppressed perspiration, etc. Better: after breakfast; in the dark; drawing up of limbs; from rubbing; dry weather.

Hepar.—Sensitive to touch; suffocative attacks; respiration rattling; urine acrid; cold perspiration; cough choking. Worse: blowing the nose; in night; in cold air; uncovering head; lying on painful side; while urinating; fine weather. Better: wrapping the head; warmth; damp weather.

Hyoscyamus.—Furious delirium; amative; *restless;* spas-

modic; light hair. Pale blood from nose; spits pale blood. Face blue. Hard, full pulse. Worse: evening; cold; taking cold. Better: stooping or leaning forwards.

Opium.—Delirium. Stertorous breathing; deep; unequal. Face blue or red; bloated. Stools black balls; or obstructed. Drowsy; open eyes; pupils set. No sweat; or a hot one. Labor pains. Cyanosis. Worse: from fear; drunkards; on rising.

Spigelia.—Sees strange, fiery things. Hearing sensitive. Purring of the heart like a cat; violent motions of the heart; pulse trembling, can scarcely be counted. No thirst; sensitive to touch; aversion to washing. Worse: on stooping or leaning forwards; blowing nose; expiration. Better: inspiration.

Stramonium.—Better: in company; in bright light. Worse: from perspiration; after sleep; afraid in the dark; in solitude. Pulse full; irregular; hard; slow; small. Face red; bloated. Cadaverous stools; respiration sighing; restless body; spasms. Urine retained. Saliva diminished.

REMEDIES FOR CONSTIPATION.

BY H. N. GUERNSEY, M.D., PHILADELPHIA.

Alumina.—No urging; apparently there is no action in the rectum; very great effort is needed to pass the stool, which is soft, or hard and knotty; sometimes all covered over with slime; stool usually scanty. Straining at stool often causes the urine to flow involuntarily. Stool sometimes in the shape of laurel berries. Worse: P M. periodically; warm room; travelling. Better: in open air.

Mind *variable*, vivacious, or thoughtful.

Arnica.—No urging; inactivity of rectum; stool *insufficient*, hard, much straining, with headache, head hot. Feels dull all over and unfit for business. Belchings. Causes: concussion; over-exertion; Peruvian bark. Colic, thrusts from one side to the other. Retention of urine from injury.

Belladonna.—No urging; plethora, abdominal, or spasmodic; clutching; pains quick; forehead, eyes, carotids, red and throbbing; tongue coated; sour taste; eructations. Urine dark. Dull and stupid. (Pulse full; double.) (Shuddering during stool.) Causes: cold; suppressed perspiration; feels worse in P.M. and evening. Drinks little and often. Frequent desire with little or no effect. Stricture in anus. Abdomen inflated; heat in head.

Bryonia.—Stools hard, black, dry as if burnt; too large in size, and passed with difficulty. Thirst for large drinks; mouth and lips dry. Prefers cool weather; better lying on painful side; from cold food; cold drinks. Dreads and is worse from motion. Nausea after eating; water-brash; vomiting food. Urine dark; pink stain. Sleep unrefreshing.

Calc. carb.—No urging. Light hair; leuco-phlegmatic temperament. Stool hard; undigested; bleeding from anus, after stool; heat in rectum after passage of hard stool; stool, first part hard, then loose; light colored. Is late in going to sleep. Worse: in the morning before breakfast; in cold, wet weather; on ascending; from milk; getting wet; after eating. Better: after breakfast; loosening garments; rubbing.

Carbo. an.—No urging. Stool very hard; passed with much difficulty and streaked with blood; stool scanty and passed in pieces with much difficulty; during stool pain in small of back; feels as if more stool would pass but rectum too weak; thinks to pass stool, but only wind passes. Constant oozing of inodorous fluid from rectum; similar oozing from perinæum. Repugnance to greasy food; food causes distress; tiresome to eat. Sad; melancholy. Single parts of body go to sleep. Head feels as if the top were open, or were lifting off, or were blown to pieces; has to hold it together in damp weather. Deaf; can't tell where the sounds come from.

Causticum.—Frequent and unsuccessful desire to stool, with pain; anxiety and redness of face; stool shines like grease; knotty and difficult stool, with mucus and bright red blood; stool very small in size; burning in anus after stool. Gives pain in anus or rectum to walk. Worse: in the evening, in cold air, in clear fine weather, from coffee, after stool. Better: from cold water, from warmth; in damp, wet weather. Has a fatty taste; nausea, and vomiting of watery matter; sensation as if lime were slaking in the stomach. Sad, suspicious, mistrustful.

China.—No urging; constipation with vertigo, heat in head and tinnitus aurium; difficult stools, even if not hard, from inactivity (of rectum); burning, itching, tingling in anus after stool, induced by loss of fluids; quinine. Worse: at night, from fruits, milk, checked perspiration. Sensation of fulness in abdomen (after eating); sleeplessness; vomiting of sour matter; flatulency; flat taste.

Cocculus.—No urging; hard stool every other day, or every three or four days, passed with *much* difficulty. Light-haired persons. Vomiting of bile; sensation of hollowness in stomach

or abdomen; eructations. Sensation of numbness in limbs. Feels worse: in open air. Better: in room.

Conium.—Frequent or constant urging, without stool; constipation following parturition, from eating milk. Yellow skin. Heartburn; frequent attacks of feeling sick. Vertigo, particularly when lying down and turning the head. Worse: while lying down. Better: when moving about; before breakfast.

Graphites.—No great urging, or no desire for stool; frequently omits the regular stool; knotty stool, the lumps united by mucous threads; stools very large in size, or only the size of lumbricus; humid eruptions, with sluggish, large stools. Sleeps late in the morning; bad smell from the mouth; flatulency, obstructed flatus, flushes, yellow perspiration. Feels better from eructation.

Hepar.—Desire for stool, which is accomplished with much effort, whether the stool be hard or soft; sleep unrefreshing; acid urine; dry eruptive diseases; has taken mercury to excess (China). Feels worse: in dry, clear weather, in cold air. Better: in warmth, from wrapping up the head or body, in damp wet weather. Frequent and momentary attacks of nausea, frequent tasteless belching, vomiting every morning, stomach easily deranged.

Kali carb.—Frequent and unsuccessful desire for stool, coming in paroxysms; sometimes little stool is passed or wind; insufficient stool at all times; inactivity of bowels: violent headache in the temples; spotted vision. Wakes at 3 A.M.; sleepy in evenings. Disgust of food; flatulent; obstructed. STITCHING PAINS. Worse: getting over-heated, in cold air, during eating, after eating, lying on side. Better: from eructation, in warmth, sitting in bent position.

Lachesis.—Constipation of years' standing; constipation with sensation as if the anus were closed or constricted; stool seems to press upon the anus, but nothing passes. In the morning, on awakening, feels sad, as if forsaken; tired of life; doesn't wish to do anything. Has had much trouble, lost friends and money; does not feel content at home. Much mucus in the throat in the morning. Worse: from abuse of mercury; spirituous liquors; narcotic medicines; from sleeping. Better: while eating.

Lycopodium.—No desire for stool, or there may be ineffectual urging; stool not so hard, but want of tone; much loud flatulency, and croaking in left hypochondrium. Obstructed flatus, with pain striking from right to left. Red sand in

urine; much pain in back before urinating. Sour vomiting. Flushes of heat. Feels worse: from 4 to 8 P.M.; sense of fulness after eating; great restlessness at night; from eating cold food; cabbage, and vegetables with husks; from wrapping up; oysters. Better: on getting cool; in company; discharge of flatus, either way; uncovering head or body; loosening garments; taking warm or hot things.

Magnesia mur.—Urging to stool; stool hard, knotty, difficult; after pressing some time, the stool seems to recede up the rectum; pricking pain in the rectum as the stool passes; sheep's dung; stool seems to crumble into small pieces as it escapes, with pricking in the rectum. Poor appetite; bad taste in the mouth; bitter taste in back part of throat; eructations; throbbing in pit of stomach; nausea, early, after rising; fainting nausea. Hysterical spasms. Aching in liver; chronic hepatitis, and induration of liver.

Mercurius.—Constant desire for stool; with tenesemus; without result; sheep's dung; stools hard and little at a time, or very large in size, leaving the anus raw and sore. Light hair; scrofulous or scorbutic. Margins of eyelids sore and thick; sore nose, etc.; corners of lips; ulcers about tongue; tongue thick. Increase of saliva. Glandular affections; purulent eruptions; perspiration yellow and sour. Sleepless before midnight. Urine acid; dark, rank smell. Can't lie on right side. Worse: from cold air; getting warm in bed. Colic in evening in bed.

Natrum mur.—Hard stool; sensation of constriction of anus, tearing and stitchings, fissuring the anus causing bleeding; frequent stitches in anus; smarting and throbbing lasting a long time. Great sadness. Dreams of thieves and robbers. Aversion to bread; eructations; heart troubles. Feels worse: in the morning; after eating; abuse of Peruvian bark. Better: fasting. Labor-like pains; severe pressing, going off with stool.

Nux vomica.—Large, hard, difficult stools; frequent urging to stool without effect; sensation as if something remained behind, in the rectum; sensation as of narrowing or constriction of the rectum hindering stool. Feels unfit for business; does not wish for company. Nausea; headache and nausea every morning; sensation as if one would feel better if vomiting would take place; sensation of weight or oppression in stomach or abdomen; high and rich livers. Wakens at about 4 A.M., is restless and gets no more refreshing sleep; frightful dreams. Chilly. Sensation of constriction about hypochon-

dria. Dark-haired people. Feels worse: fine clear weather; cold air; cold water and cold food. Feels better: to wrap up the head; in warm air; when lying down; on the side; after discharging wind; in damp, wet weather.

Opium.—No urging; constipation of long standing; stools occurring but seldom, sometimes many days apart, composed of hard, dark balls; rectum very inactive; sheep's dung. Daring state of mind; sleep unrefreshing; drowsy and sleepless; bed feels hot; hot perspiration. Troubles proceeding from anxiety or fear; abuse of spirits.

Phosphorus.—No urging; stools narrow, long and hard, difficult to pass. Dark-haired, and tall slim persons. Sour vomiting, with constipation; very weak and empty feeling in abdomen. Much belching; emaciation; very weak; can't lie on left side or back. Better: lying on right side, cold food, cold water.

Plumbum.—Sheep's dung; sensation as of a string across the anus; constipation with colic, with a sensation of being pulled from front to back, as if the anus were drawn upwards, as if the abdomen nearly touched the spine; discharge of balls, conglomerated into one mass. Worse: at night, from rubbing; constipation, with vomiting, at night.

Sepia.—Hard, knotty, difficult stool, which inclines to remain long in the rectum; a little is discharged occasionally, but unsatisfactorily; constipation with weight in the abdomen. Weight in the anus (as of a potato); darting pains up the rectum. Skin yellow, delicate, sensitive. Painful sensation of emptiness in pit of stomach. Urine with sediment like clay, which adheres with great tenacity to the bottom of chamber; urine putrid. Worse: from milk or fat pork. Better: to draw up the limbs; when walking quickly; drinking cold water.

Silicea.—Constipation, stool composed of hard lumps; after hard straining, stool recedes. Aversion to meat; loss of taste; vomiting of what has been eaten; want of, or extreme hunger. Bones sensitive. Can't sleep after waking. Hernia of long standing. Feet perspire and are offensive; sore feet (especially soles), on walking.

Staphisagria.—Hard, scanty stool, with cutting and burning in the anus; hard stool and flatus alternately. Very sensitive persons; black teeth; sensitive yellow scabs on head, which smell very badly and itch much. Colic, incarcerated, gnawing, or darting. From excesses—as use of tobacco, mercury, sexual indulgence, all of which may have contrib-

uted to the trouble. Better: after breakfast; after discharge of flatus downwards.

Sulphur.—Hard, difficult stool; flat; like sheep's dung; insufficient stool; constipation, with heat and soreness in anus; with piles; constipation of infants; with itching; frequent and unsuccessful desire; stool hard and black, as if burnt; bleeding. Aversion to meat; sour taste; eructations taste of eggs. Rough, itching skin. Sleep is short and broken; sleepy all day; wishes to sleep late; sleep may be profound; dreams of beautiful things and is happy; sings. Sudden flushes of heat, passing off in perspiration, and feels weak. Feet cold. Much heat about the head. Left-sided remedy; most of the sufferings are on the left side. Worse: from milk (it disagrees); abuse of mercury; quick motions; after a long sleep; from washing.

Veratrum.—Constipation of infants; chronic constipation; first portion of stool is large, and the latter part consists of thin strings; stools very large and very hard; very weak after a passage; sluggish from inactivity. Cold sweat on forehead and debility. Tired of life and afraid to die. Craves cool and refreshing things. Urine very dark. Pulse weak.

Verbascum.—From induration; knotty, like sheep's; much effort necessary. Darting pains; pains about the navel, as if the bowels adhered to the peritoneum, and were being pulled out. Sticking in umbilical region; pressure on umbilicus like a sliver; constriction about umbilical region.

TREATMENT OF RACHITIS WITH PHOSPHORUS.

BY PROFESSOR LOTTMANN, BRESLAU.

(Translated by S. Lilienthal, M.D., New York: Allg. Med. Central Zeitung, 26, 1875.)

RACHITIS is a general (constitutional) disturbance of nutrition, characterized by a change in the composition of tissue-elements in the still growing infantile organisms, which, notwithstanding the multiplicity of the process and that all tissues, the blood, and other fluids are equally affected, shows itself especially in the bones; because here, the symptoms are open to our inspection, and it is easily understood, therefore, why rachitis is considered by most authors a chronic inflammatory process in the bones, which are deficient in lime. This deficiency in lime was formerly considered the essential factor in rachitis, caused by the deficiency of phosphates in the food, whereas the experiments of Milne Edwards, Zuleki, and espe-

cially of Weiske, demonstrate, that the chief point in rachitis must be looked for in an abnormal inflammatory hyperæmia, showing itself in increased new formation, dilatation and fullness of the bloodvessels, and thus in an increased course of the plasma, which leads, on one side, to an increased melting down of the cartilages and bones, and on the other side prevents the precipitation of the lime salts circulating in the juices of the body.

Dietetic Treatment has celebrated nowhere Greater Triumphs than in Rachitis. Suitable nutrition with a fluid, non-stimulating, easily assimilating diet, rich in protein and fat, differentiating according to the age and individuality of the child, milk with the addition of veal broth, acorn coffee, cocoa-beans, egg-albumen, solution of gelatine, Leube's solution, good peptones, wine, etc., and with a considerable reduction or abstinence of all amylaceæ or artificial food for children, the quantity precisely prescribed, and how often to be given, good fresh air, and cleanliness (baths, etc.), will do far more for such patients than all the cod-liver oil and ferrum jodatum, given at random at home, and producing nothing else but sour, foul fæces, rich in volatile butyric acid, spoiling the remnant of appetite still left and presenting nutrition still more.

But it is one thing to prescribe; whether our orders are regularly carried out, is another thing; and exactly that class of people whose children suffer most from rachitis fail to see the benefit of hygienic slow treatment, and want the doctor to prescribe.

Certainly among all drugs, no remedy corresponds so exactly to rachitis as *Phosphorus*. Kassowitz demonstrated that its action on the places of apposition of bones consists, that in the place of spongy substance, it produces a compact substance by inhibiting all melting down of the bone, by inhibiting the formation of medullary spaces, etc. Considering rachitis a disease with morbidly increased vascularization on an inflammatory basis in their recent apposition of osseous layers, he finds in Phosphorus the specific remedy which attacks the evil at the root, by fighting it at its anatomical basis.

To such an explanation, Lottmann objects. He sees in the proliferation of the cartilages and bones only a local eruption, though the most important one in the general disturbance of nutrition in the growing organism, because the bone is, in relation to its growth, the most vulnerable organ. Kassowitz truly remarks, that Phosphorus also in other parts of the body develops this irritative action, but it does not appear so plain in

view, as it is equally divided over all organs and tissues. And where larger doses of Phosphorus are given for some time, we will see those well-known and grave changes in the organs, though they may differ in their character from the action of Phosphorus on bones.

It cannot be doubted that Phosphorus acts for a long time on the juices of the body before it demonstrates its curative action on the bones, and the Klinik verifies this conclusion. Lottmann treated, the past year, sixty cases of rachitis with Phosphorus, which was given in emulsion with Gummi arabicum and Oleum olivarum, so that the patient never received more than half of a milligram per day, and to make the matter sure, the dose was given at the hospital. The regularity with which the remedy was given, and the length of time during which it was followed up, soon convinced the mothers of the improved state in the health of their children. In all cases, the improved state showed itself at first in a general better feeling, the lassitude left them, the children tried to play and to amuse themselves, the skin lost its paleness, the features became of a ruddier appearance, all movements were executed with more energy, the children had a better appetite, and gained in weight, and all that improvement could be observed long before any improvement in the bony structure took place.

The intestinal functions also became more regular, and disturbances of digestion were never observed during the use of Phosphorus, except in cases of errors in diet, or where the children suffered from a high-graded chronic dyspepsia, with considerable gastrectasia and tympanites. On the contrary, where the children had a slight dyspepsia, with acid, minced stools, or with tardy, clayey evacuations, the dyspepsia disappeared, and the intestinal functions became regular.

This favorable influence of Phosphorus on habits, general state of health and nutrition, becomes more and more marked, even where for a long time no improvement can be seen in the osseous system, which happened sometimes in nurslings, and in other and older children, so that it seemed that the final improvement in the osseous system was rather caused by the improved nutrition, and the more regulated and accelerated tissue-change.

The nervous symptoms, sleeplessness, restlessness, ill-humor, spasmodic manifestations, especially the laryngospasmus, disappeared also at the same time (usually in about ten days), and only then improvement in the skull of nurslings could be

observed, *the soft occiput became more firm, the membranous open sutures became narrower and consolidated, the fontanelle smaller.* Teething was hardly ever hastened by it, and the troublesome sweating of the head remained often very obstinate. After about four weeks of such treatment the pulmonary ventilation improved, and the catarrhs disappeared. The wheezing respiration with expiratory type decreased more and more, and only then—never before—the configuration of the thorax took on a better shape, inasmuch as the more favorable mechanical relations increased the horizontal diameter of the thoracic cavity, though the position of the clavicle and sternum still remained the same.

The supporting function of the spinal column was also only of slow progress, and its increasing firmness may be honestly ascribed to the general improvement. The children tried to take on an erect position, to stand and to walk, though the spinal column was still crooked and the extremities still deformed, and some improvement of the malformations could be only gained by the long-continued and steady use of Phosphorus.

Thus, Lottmann explains the action of Phosphorus in rachitis. Phosphorus is not a specific for rachitis, for it acts equally well in the inflammatory irritative affections of the skin, and mucous membranes of scrofulous patients. Eames cured scrofulous glandular swellings, which had resisted all other treatment, in less than six weeks, with Oleum phosphor. Broadbent, Wilson, and Fox, witnessed good effects from it in certain neuropathic disturbances on an anæmic basis, as also in leucæmia lienalis. Broadbent even cured with it two cases of essential pernicious anæmia.

Phosphorus still claims a more thorough study, so that we may more fully understand its physiologio-chemical action.

HENRY NEWELL GUERNSEY, M.D.

Was born at Rochester, Windsor County, Vermont, on February 10, 1817. His father, Joseph Guernsey, a native of New Hampshire, removed to Vermont, and was one of the early settlers of that State; later he became a justice of the peace. Through his mother, Phœbe Jefferson Guernsey, of Massachusetts, our colleague was related to Thomas Jefferson, "the ardent lover of liberty for all men, irrespective of color."

Dr. Guernsey's early days were passed among the "Green

Mountains" of his native State, where he grew up a hearty farmer boy. His primary education, begun in the public schools of his native town, and continued in select schools in the same place, was completed at Royalton Academy, Royalton, Vermont. When a little over twenty years of age he left home and went to Pennsylvania, intending to study medicine. Locating in Darby, near Philadelphia, he taught school for a time, and then commenced his medical studies under the preceptorship of Dr. A. E. Small (now in Chicago), who was then practicing in Darby and the surrounding country. He matriculated in the medical department of the Pennsylvania College at Philadelphia, November 1st, 1842, and on November 1st, 1843, he entered the medical department of the University of New York. From the latter college he graduated in the spring of 1844. In 1862 he received an honorary degree from the Homœopathic Medical College of Pennsylvania. Immediately after graduating he began to practice in Darby, but in the summer of 1844 he moved to Frankford, near Philadelphia, where he remained for thirteen years as a homœopathic physician, surgeon, and obstetrician. He speedily acquired a very large practice in all three of the above departments, and was the pioneer of homœopathy throughout Frankford, Bridesburg, Whitehall, Fox Chase, Middletown, Milestown, Rowlandville, Nicetown, Olney, Rising Sun, Aramingo, and Richmond. These districts embrace a large area of territory, and he was frequently compelled to cover the whole field daily, though he drove far into the night to accomplish it. He thoroughly established homœopathy in all these places, and now there are good practitioners of our school in each one of them. He labored here alone, with the utmost zeal, caring more for the establishment of his adopted profession than anything else, for ten years, when he associated with him his brother, William F. Guernsey, who was studying under his preceptorship.

Three years later, in 1857, Dr. H. N. Guernsey moved into Philadelphia proper, where he permanently located. Here, too, he acquired an enormous practice, and was of most material benefit in propagating homœopathy, very many families being converted through his instrumentality.

In 1852, during a visit to his native town, in Vermont, he introduced homœopathy very successfully, besides converting an eclectic, the leading physician of the place, to the practice of pure homœopathy.*

* See Trans. World's Hom. Conv., Vol. II., History of Homœopathy, pp. 494–495.

That Dr. Guernsey has been an indefatigable worker in his profession, striving in the double duty of healing the sick and of establishing the practice of homœopathy; that he has been an earnest and able teacher of the principles and practice of homœopathy, pure and simple; that he was zealous and sincere in his devotion to the cause he had espoused, no one who knew him ever doubted; of what he considered "the right," he was a whole-souled supporter; but to what seemed to him "the wrong," he was a stern and uncompromising foe. The aid and influence he has given in raising homœopathy to the high stand it now occupies, in this country and abroad, is well known.

In the proving of drugs he did not do much; but, with a diffuse acquaintance of medical agents, knowing, from something to a great deal, of all the drugs we use, and as a keen and accurate observer of their effects upon the system, he showed rare skill in his ability to discern the "characteristic symptoms" of each one. Indeed, it was the latter quality, his ability to sift out the "key-notes" of a remedy, and to skilfully apply the same to a given case, that won his success as a prescriber. As an authority on materia medica and obstetrics he stood pre-eminent.

In June, 1879, his health being badly shattered by his thirty-five years of almost unremitting toil, he was so strongly advised by his friends, professional and lay, to seek repose and recreation abroad, that he yielded to their solicitations and, in company with his faithful wife, sailed for England. He remained away one year, visiting England, Ireland, Scotland, Germany, Switzerland, Italy, etc., returning home much refreshed in June, 1880. In July, 1882, he again went abroad for another much needed rest: he spent all his time in Germany on this occasion, and returned early in November.

In February of 1883, diabetes appeared in a severe form, and progressed so rapidly that grave fears were entertained that the termination of his earthly career was close at hand. During the ensuing spring and summer he was very feeble, though doing all the work he could, but rallied to a great extent in the autumn. During the winter of 1883–4 he recovered sufficiently to attend to his large practice, and to write some papers for the journals, medical societies, etc. He continued through the autumn of 1884 in fairly good health, and gained considerable strength. Late in December he seemed to contract a severe cold, but which was really the beginning of the end. He struggled all through the winter, 1885, at-

tending to his practice, and going out in all kinds of weather, always stimulated by the great and overweening love of his profession—of aiding the sick. In the spring he grew much weaker, and on April 30th went to New York to spend a few weeks with a son living there, and to obtain rest. While there he submitted for the first time to a thorough physical examination, which was carefully and ably made by Professor John W. Dowling. Then the true state of affairs was revealed.

Consumption of the lungs far advanced! Professor Dowling wrote a private letter to his family advising Dr. Guernsey's return home, "before it was too late," which suggestion was promptly carried out. Through May and June he sank very rapidly, being much of the time in a drowsy state, interrupted by severe neuralgic pains in the head and left eye.

Early in the morning of June 27th his family were hastily summoned to his bedside, and at seven o'clock he passed away.

During his long illness of two years and a half, he was visited and written to by his professional brethren representing all shades of opinion. Almost every one advised this or that remedy, to be administered in varying potencies, empirically, etc. His uniform answer was: "I wish nothing but the similimum to my case. As I have lived and practiced for others I will do by myself, for I *know* it is the *right* way." Often during his illness he said: "If I must die, I wish it recorded that I died true to my principles." His physicians were his old friend Dr. C. G. Raue, and his son Dr. J. C. Guernsey. In his last days, as from the beginning of his disease, not a word of complaint left his lips. In his unconscious delirium he imagined himself prescribing for the sick, and would direct those about him to prepare certain remedies for them.

His funeral services were held at the Church of the New Jerusalem, 22d and Chestnut streets, and were largely attended. His remains lie in West Laurel Hill Cemetery, in a spot of his own choosing.

He was a member of the following societies: American Institute of Homœopathy; Homœopathic Medical Society of Pennsylvania, and its president in 1878; Philadelphia County Homœopathic Medical Society. Honorary member of the following: Hahnemann Medical Institute of Philadelphia; Cumberland County Homœopathic Medical Society; Hahnemann Medical Society of Madris de Tulio, Spain; Instituto Homœopatico Mexicano; corresponding member of the Massachusetts Surgical and Gynæcological Society, etc. He was professor of obstetrics and diseases of women and children in

the Homœopathic Medical College of Pennsylvania for eight years—1861 to 1869—and for three years of that time dean of the faculty; professor of materia medica in the Hahnemann Medical College of Philadelphia, for three years, from 1871, during which time he was again dean of the faculty. He has been chairman of many bureaus, etc.

He is the author of the following: "The Application of the Principles and Practice of Homœopathy to Obstetrics and the Diseases Peculiar to Women and Young Children." This work of 1004 pp. has now reached its third edition, the first having been published in 1867. The therapeutic portion of this book has been translated into French and published in Paris. "Notes of Lectures on Materia Medica, delivered in the Hahnemann Medical College in Philadelphia," 234 pp.; "Valedictory Address to the Graduating Class of the Homœopathic Medical College of Pennsylvania, 1864;" "Introductory Lecture, Comprising the Principles of Obstetrics and the Diseases of Women and Children, etc.," 1865; "Report on Obstetrics to the American Institute of Homœopathy," 1867; "The Keynote System;" "The Bandage after Parturition;" "Reproduction Physically, Physiologically, and Spiritually considered;" "Treatment of Disordered Dentition;" "The Homœopathic Materia Medica;" "Before, During, and After Parturition;" "Uterine Hæmorrhage;" "Ovarian Tumors;" "Death-rates in Child-bed;" and, published in 1882, "Plain Talk on Avoided Subjects," being a guide book to old and young, married or single, of either sex.

On June 30th, 1885, a meeting of the physicians of Philadelphia was held, to take action on Dr. Guernsey's death. The following resolutions were offered and adopted:

The Homœopathic physicians of Philadelphia and its vicinity, assembled to testify their respect for the memory of their late colleague, Professor Henry N. Guernsey, M.D., unanimously adopt the following.

MINUTE.

The life and labors of Dr. Henry N. Guernsey, whose death we lament, furnish a model worthy the imitation of his professional brethren.

As a student of the science and art of medicine, he was for nearly half a century, energetic and untiring, and his knowledge and command of the resources of his profession were remarkable in their extent and completeness.

As a physician, he was pains-taking and skilful, and, in his relations to his patients, devoted and conscientious.

As a teacher of the younger generation of physicians, and as a medical

author, he did much to extend the remedial domain of true medical science and to strengthen and elevate its influence.

In his teachings and practice, he held forth the doctrine of homœopathy as a divinely-ordained law of healing, and endeavored to follow it with religious fidelity. Firmly convinced of its heavenly origin, his confidence in its efficacy, like his faith in its infinite Author, was firm and unswerving.

His influence, extending over two continents, will confer lasting benefit upon the progress and stability of his beloved art. And, as his life among us was highly distinguished and honored, so his departure from our midst will be long and sincerely mourned.

PEMBERTON DUDLEY,
JOHN C. MORGAN,
HENRY NOAH MARTIN.
Committee.

After addresses by Drs. Jos. Behrens, Pemberton Dudley, Jno. C. Morgan, Henry Noah Martin and Sarah T. Rogers, the meeting adjourned.

A SYMPTOM OF CINA.—Dr. Dunover reported the case of a young lady, æt. 20, who after taking 5 centg's of Santonine in the course of twenty-four hours, had lost her voice completely. No other toxic symptom made its appearance. We should not hesitate, therefore, to test the clinical value of Cina in aphonia.—*Revue Homœopathique Belge.* H. F. I.

WOLFE'S OPERATION FOR DETACHMENT OF THE RETINA.—Wolfe's operation for detachment of the retina is as follows: A slit is made in the conjunctiva, and it as well as the sub-conjunctival tissue is dissected off the sclerotic to the place behind the site of the detachment. The eye-ball is then rotated to bring the site of detachment opposite the opening in the conjunctiva, and a lance-pointed sclerotonie passed through the sclerotic. During its withdrawal slight pressure is exerted on the globe, and the withdrawal of the knife is invariably accompanied by a discharge of serum. In order to make as certain as possible that all the fluid has drained off, a small silver spatula is placed between the lips of the wound; this may be repeated until fluid ceases to appear. The eye is then permitted to return to its normal position and the conjunctival wound closed by thread sutures. A simple compress is applied, and the patient is kept in bed for three or four days before an examination is made. Mr. Macgregor Robertson claims that, in appropriate cases, this operation gives uniformly favorable results. Wolfe's own cases gave him ten recoveries in twelve operations. Mr. Robertson's observations show the operation to be simple and free from risk. In his three cases, the affected eyes were practically blind, and yet a good result was obtained, and this was permanent.—*The Lancet*, July 11th, 1885.

URIC ACID CALCULUS OF REMARKABLE SIZE.—Sir Henry Thompson lately removed a uric acid calculus, weighing 14 oz. avoirdupois. It measured 4½ inches in length by fully 3 inches in breadth, the major circumference being almost 12 inches, the minor 8 inches. There was a remarkable natural denudation of the layers of the calculus on each side corresponding with the orifices of the ureters in the bladder. The entering currents of urine had worn away the stone to a considerable extent.—*The Lancet*, July 18th, 1885.

THE

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Editors,

E. A. FARRINGTON, M.D. PEMBERTON DUDLEY, M.D.

Business Manager,

BUSHROD W. JAMES, M.D.

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☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

SOME LESSONS FROM THE LIFE OF DR. HENRY N. GUERNSEY.—It would, perhaps, be difficult to imagine what the rate of the world's progress would be, in art, in science, and in letters, if the influence of representative men and women ceased with their earthly life—if their works did not follow them. We sometimes consider the advancement of the race in *morals* as depending to a somewhat definite extent upon the teachings and examples of the great moral and religious philosophers who lived and died before our advent; and we, of course, are fully and constantly alive to the fact that in science, art, and literature the world of to-day owes a certain definite debt to the world of yesterday. But in making up our account of this indebtedness, we are too apt to base our calculations solely upon the material work accomplished by our predecessors, and to lose sight almost entirely of the character and qualities, the inner life, so to speak, of the men who in years gone by wrought out these benefits for posterity.

In the practical study of departed men's lives, in seeking to retain as much as possible of the advantage brought to the

world through these vanishing existences, there can be no rule which will apply to all cases alike. We make our estimate of the great preacher by what he said, and of the great poet by what he wrote. But we must weigh the character and calculate the real worth of the physician by what he *did*. His life record is made up not so much of thought and sentiment as of actual deeds.

No estimate of Dr. Guernsey's character is correct and complete which fails to consider him amid the actual surroundings of his early professional life.

We often hear it said of distinguished men, that "future generations must write their history." This may be true as it refers to the more permanent influence of such men upon posterity; but what can "future generations" know of the circumstances that environed such men as Hering, and Gray, and Jeanes, and Guernsey, and others, at a time when they deliberately chose obloquy and derision, and courted a life of poverty and of professional obscurity for the sake of a scientific principle? We of to-day are living "out of sight" of those times. These men were made for their time, and it is not likely that, in this country at least, the science of medicine will ever need such men again. They fought a *good* fight, they *finished* their course, they *kept* the faith, and they did it once for all, and for all posterity. The physician who to-day is young, or even middle-aged, can have but a dim conception of the reality of those earlier days, and but an imperfect idea of the stuff that such men were made of. We must judge Dr. Guernsey by what he did in 1842, as well as by what he was forty years later. The early history of the American Institute of Homœopathy shows conclusively that the homœopathists of 1844 held as high views of professional probity, and as intense a love of professional association as did any of their allopathic brethren. They regarded themselves as a part of the great profession of medicine, and yet they submitted to be cast out from its fellowship for the sake of a truth which as yet was invisible to their brethren. Dr Guernsey consented to be one of a little band of perhaps a hundred—a very different affair from being one of a community of ten thousand.

As physicians grow older, their faith in and dependence on "medicine," usually weaken. Not so Dr. Guernsey's. It is doubtful if any physician ever lived who possessed a stronger faith in medicine than he did. And this peculiarity was often spoken of by his professional neighbors, sometimes in terms of disparagement. Yet when we consider it, as it really was, the

outgrowth of his confidence in what he believed to be a LAW of Nature, his practice is seen to be in perfect harmony with his belief, while the skepticism of his neighbors carries with it a suspicious flavor of inconsistency. After all, it is perhaps safe to say, that all those qualities that made him so conspicuous a figure in the medical profession had their foundation in his unquestioning belief in the doctrine of similars as a law whose operation is as certain as that of any other in the whole realm of nature. To quote from the Address of his Pastor: "He believed that there was a divine law of cure, that He who made light for the eye and the eye for light; the atmosphere for the lungs and the lungs for the atmosphere; who had filled the world with an infinite variety of substances for the sustenance and delight of the body, and had adapted each to each with the most exquisite and miraculous precision, had also provided the means for restoring this complex mechanism to order when, by accident, or ignorance, or passion, its faculties became deranged. He believed that the law of cure was as immutable in its methods and operations as the law of sustenance and growth. His profession was to him a high and noble calling, demanding the consecration of all the faculties of his nature. His intellect, his religion, his life, were embodied in it." Nor did his failures affect him. Unsuccessful with remedy after remedy, he still believed that the law of cure was *the* law for that particular case, and that under its operation the disease must yield. Surely, in this particular, he ought to be a shining example to all of us.

It was often said of Dr. Guernsey that he was a close student of the materia medica; but there was one other medical book that he studied with equal earnestness—his Case-book. In his office, in his carriage, in the County Society meeting, his case-book was his close companion. In this he was a true homœopathic philosopher, realizing the impossibility of detecting similarities between the disease-picture and the drug-picture, except by an equally intent study of both. How our journals teem with reports showing but the too common *one*-sided study! Sometimes it is the drug, sometimes the disease. Only rarely are we shown *both* pictures, and only rarely, alas! are these reports of much real value to the earnest seeker after homœopathic truth.

Here, then, are at least three respects in which the life of Professor Guernsey may well serve as a model for the imitation of his brethren: *First*, his utter disregard of self and selfish interests in a matter where scientific truth and moral principle

were involved. *Secondly*, his appreciation of, and firm belief in, the fact that there cannot possibly occur in the body *any* curative phenomenon or change which is not under the government of natural law, and that, therefore, if there be any truth in the doctrine of *similars*, the curative action of remedies applied on that principle depends upon *law*, and the principle itself is, therefore, an expression of that law, and not an arbitrary rule of man's invention. *Thirdly*, having given in his adhesion to the homœopathic doctrine, his whole nature was enlisted in its application, and, whatever may have been his doubt respecting his own skill, his faith in the law never wavered. Whether he was perfectly and absolutely right in his mode of applying the law is not a question for us now to consider, but his unshaken devotion to the principle itself may well be emulated.

We take pleasure in presenting to our readers a few practical observations from the pen of the late Dr. H. N. Guernsey. They comprise but a part of his unpublished manuscript from his busy pen.

Notes and Comments.

Homœopathic Hospital at Ward's Island.—There will be three vacancies on the staff of the hospital, on October 18th, 1885. For particulars, address Dr. T. M. Strong, chief of staff.

Coffee as an Antiseptic.—Oppler, of Strasburg, claims that pulverized roasted coffee is a good antiseptic. The powdered coffee is spread over the wound so as to completely cover it; bandages are then applied. The dressing may then be left for three or four days.

Ferran's Inoculations.—The French commission, appointed to investigate the value of Ferran's protective inoculations against cholera, have presented an unfavorable report. They believe that Ferran inoculated his patients with a mild form of septicæmia.

Novel Pathology of the Umbilicus.—The *N. E. Medical Gazette* is responsible for the statement that a physician, on arriving at a confinement case after the labor had been completed, found the cord well secured to the child's thigh, to keep it, the mother said, from slipping up into the infant's abdomen.

Rough on the "League."—There are thousands of men at large to-day, who display all the eccentricity of Guiteau, but their actions are as impulsively good, or at least their intentions are as well meant as his were bad, and still they are not called insane. In some cases these persons are reformers, with projects in every way as absurd as any of Guiteau's. What can be said of the educated individual, for example, who advocates the abolition of vaccination?—Hamilton's *Medical Jurisprudence*, page 66.

Homœopaths in the British Medical Association.—The council of the British Medical Association have had under consideration the subject of admission and retention of homœopaths as members of the association during the past year. A careful inquiry among the different branches of the association shows that a large majority of the members are adverse to the admission of homœopaths as members, but an equally large proportion are opposed to the expulsion of those who have already gained admission into the ranks of the association.

New Publications

The Elements of Pathology. By Edward Rindfleisch, M.D. Translated from the first German edition by William H. Mercur, M.D. and revised by James Tyson, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, etc., Philadelphia. P. Blakiston, Son & Co. 1884. 12mo., pp. 263. Price, $2.

Most of our readers are doubtless aware that Professor Rindfleisch's object in this little book is simply to mark out the foundations, as it were, of the structure of the *science* of pathology, but not to undertake a presentation of its details. He divides his work under three general heads. (1) *The Local Outbreak of Disease*, including hyperæmia, inflammation with its varieties and terminations, and the formation of tumors, their causes, nomenclature, classifications, etc. (2) *Anatomical Extension of Disease*, embracing metastasis, fever, nervous irritation, etc. (3) *Physiological Extension of Disease*, both vegetative and animal, containing sections on disturbances of nutrition, circulation, blood formation, blood purification, hyperæsthesia, anæsthesia, convulsions, paralysis, etc. The book closes with a special chapter on traumatic, parasitic and infectious diseases, defective development, diseases due to overwork, and diseases of involution. For the student, this widely-known work is an almost indispensable necessity. D.

A Manual of Medical Jurisprudence, with special references to Diseases and Injuries of the Nervous System. By Allen McLane Hamilton, M.D. With illustrations. Bermingham & Co., New York. 1883. Octavo. Pp. 386.

There are so many instances involving the medico-legal relations of the nervous system, that some such work as the above should have a prominent place in every man's library. This work gives the latest, and doubtless the wisest, decisions of both English and American jurists, touching numerous questions of this character, many of which have a most important value, even to the general practitioner. The chapters on the medico-legal relations of insanity and on hysteroid conditions and feigned diseases are particularly interesting and instructive. D.

The Hip and its Diseases. By V. P. Gibney, M.D. Bermingham & Co., New York. 1884. Octavo. Pp. 412.

Dr. Gibney has, for thirteen years, labored in the New York Hospital for the Ruptured and Crippled. During that time, according to the Pref-

ace, more than two thousand cases of hip-diseases have been treated in the institution. The work before us is designed to present some of the general facts of these diseases, as they have presented themselves, and his conclusions respecting their best classification and treatment. Special pains have been taken to establish the differential diagnosis between neuroses and rheumatism of the region involved, and inflammatory diseases of the soft parts on the one hand, and "true hip-disease," or disease affecting the bone tissues on the other. The author holds that the statistical results of treatment are rendered unreliable simply because of frequent errors in diagnosis. The writer criticizes very freely, yet courteously, the almost innumerable forms of mechanical treatment, some of which he rejects almost *in toto*.

D.

Handbook of the Diagnosis and Treatment of Skin Diseases.—By Arthur Van Harlingen, M.D. Philadelphia: P. Blakiston, Son & Co. 1884.

This little work aims to be a manual of ready reference for the busy practitioner. For this purpose it is admirably suited. The author touches but lightly on questions relating to ætiology, while pathology is not considered at all. The description, diagnosis and treatment of the various diseases are concisely yet thoroughly given. Those affections more commonly met with, receive greater consideration than those rarely observed, *e.g.*, eczema which comprises nearly one-third of all cases of skin-disease, has fifty-five pages devoted to it. The various diseases are arranged in the volume in alphabetical order. While this is not strictly scientific, it enhances the value of the work for the purpose for which it was written, viz., as a manual of ready reference.

Insomnia and Other Disorders of Sleep. By Henry M. Lyman, A.M., M.D. Chicago: W. T. Keener, 96 Washington Street. 1885.

Dr. Lyman, in his first chapter, considers the nature and causes of sleep, in which he states the primary cause of sleep to reside in the nerve-tissues themselves, and that the changes in the cerebral circulation are secondary to these. The remainder of the book treats of insomnia, its treatment when occurring *per se* and when complicating other diseases. Chapters V., VI., and VII. are devoted to dreams and somnambulism, and give in detail many singular cases of rare interest to the psychologist.

Gleanings.

A Case of Milky Hydrocele.—Mr. Sidney Davis reports the case of a young man who came to him with a hydrocele. He tapped it and drew off two ounces of a milky fluid, which had the ordinary properties of chyle. Under the microscope it was found to contain fat granules and granular leucocytes, and three or four embryonic filariæ. In three weeks, the fluid returned. Mr. Davis then opened up the tunica vaginalis, washed

the sac out with carbolic acid solution (1 : 20) and allowed it to granulate from the bottom. A perfect cure resulted. There was no chyluria.—*Br. Med. Journ.*, June 20th, 1885.

Inherited Syphilitic Disturbances of the Ear.—Schwabach (*Archiv. f. Kinderh.*) narrates two cases of bilateral parenchymatous keratitis in which, shortly after the occurrence of the disease, a severe affection of the internal ear was associated with deafness, dizziness, and buzzing noises for symptoms. These cases have been considered as cases of hereditary syphilitic ear-trouble, and the question is raised whether this portion of the trouble should be regarded as resting upon a syphilitic basis. The cases which have been contributed by Knapp, Kipp, and Hinton correspond with those under discussion.—*Archives of Pediatrics*, June, 1885.

Diabetes Mellitus in a Child of Five Years.—Dr. Thomson (*Glasgow Med. Journ.*) reports the case of a child who was well up to three weeks before coming under observation. Great thirst was discovered. When water was withheld, he satisfied his craving by drinking castor oil, which he stole for the purpose. He had grown pale, weak, and had lost flesh. His muscles were flabby, and he weighed but thirty-two pounds. The urine had a specific gravity of 1035, and showed sugar in large amount but no albumen. He passed at one time as much as ten pints in one day. Under a rigid diet, the quantity fell to five pints, the specific gravity remaining about the same. A week later he became very ill, complained of pain and tenderness in the abdomen, which was swollen and tympanitic; no appreciable quantity of fluid present. He grew rapidly worse, and became unconscious, continuing so until his death which occurred the next day.—*Archives of Pediatrics*, June, 1885.

Nitroglycerin in Contracted Kidney.—The salutary effects of lowered arterial pressure as accomplished by nitroglycerin in the affection known as contracted kidney are very clearly demonstrated by the history of a number of cases observed by Professor Rossbach. As the quantity of urine and its albuminous components was noted to be decreased, the uræmic asthma to disappear rapidly, and the general health to decidedly improve, we are justified in drawing the following inferences: 1. The augmented excretion of urine in the contracted kidney depends upon other conditions than high blood pressure, possibly upon a greater permeability of the blood through the capillaries which still remain intact. Thoma long ago proved that an analogous condition existed in chronic interstitial nephritis. 2. The high arterial pressure is probably one of the causative agencies of the grave symptoms of this affection, such as retinitis, asthma, etc. 3. Nitroglycerin is an excellent remedy in contracted kidney, well capable of removing threatening symptoms and of prolonging life.—*Therapeutic Gazette*, June, 1885.

Alterations in the Lymphatic Vessels in the Course of Syphilis.—Dr. Paul Salle (*Th. de Paris*, 1884) says: 1. The lymphatic system undergoes an almost constant alteration in the course of syphilis. But while the ganglia are quite often modified, the lymph vessels, on the contrary, are very rarely so. 2. The lymphopathies exist under many conditions, and may be divided into six clinical forms: a. In the first place, there is a simple inflammatory lymphangitis consecutive to a specific ulceration, however excited. b. A lymphopathy may complicate the infecting chancre, and then it bears the same relation to the lymphatic vessels as the adenopathy consecutive to the syphilitic chancre bears to the lymphatic ganglia. c. There is observed a secondary disseminated lymphopathy, which evolves under the sole influence of the diathesis, without being under the dependence of a local manifestation. d. In the tertiary stage, certain lym-

phatics, principally those of the dorsum of the penis, may become sclerosed and give rise to a special lymphopathy. e. A cutaneous manifestation of late hereditary syphilis may be complicated with lymphangitis having a special aspect. f. Finally, in acquired as well as in hereditary syphilis, there exist alterations of the visceral lymphatics. These alterations, carefully studied from an anatomico-pathological point of view, occasion no characteristic clinical symptom which enables one to diagnose them. 3. Clinically, the different lymphopathies are particularly characterized by the existence of hard, mobile, indolent, aphlegmatic cords, situated exactly upon the anatomical course of the lymphatic vessels. For this, the first and the sixth forms described are an exception. The first is an inflammatory lesion, and the sixth, a visceral hypertrophy. 4. The treatment should be specific and constitutional. Mercurial frictions are useless in these cases, because they may irritate the skin, or inflame or alter the lymphatic vessels which are predisposed to phlegmasies by the fact of the syphilitic diathesis. In grave cases, subcutaneous injections may be employed which, despite their inconveniences, constitute a most energetic therapeutical measure.—*Journ. Cutan. and Ven. Dis.*, July, 1885.

Reciprocal Influence of Epilepsy and Pregnancy.—Notwithstanding numerous works upon this subject, the question still presents many points of obscurity. Dr. Raoul Béraud, in a thesis upon the reciprocal influence of epilepsy and pregnancy, published in the *Journal de Med. et de Chirurg. Prat.*, refutes two widely spread errors: the pretended necessity to the fœtus of Bromide of potassium, administered to a pregnant epileptic, and the more or less mysterious curative influence of marriage upon epilepsy. Analysis of a large number of cases shows, in the first place, that pregnancy occurring in an epileptic has a very variable influence. In certain cases this influence is unfavorable; in others it is *nil*, and in a great number favorable, in the sense that during pregnancy the attacks are frequently suspended or diminished in their intensity. This is, however, entirely transient, as after confinement the epilepsy resumes its usual course. The transient beneficial influence does not justify marriage, owing to the serious objections which overbalance the apparent improvement. It is proven that copulation exercises a markedly unfavorable influence upon epileptics and aggravates their condition; and further, the danger of heredity of the disease in children of itself contraindicates marriage. As to the influence of epilepsy upon pregnancy, it appears generally to be of little importance. The attacks sometimes are increased to the point of being persistent without effect upon the gravid uterus. Abortion or premature labor is never produced. If in the first pregnancy the attacks are suspended, the same result occurs at each succeeding pregnancy. Bromide of potassium is generally beneficial to the mother, and M. Béraud has never observed a deleterious effect upon the development of the fœtus, even when three drachms daily were administered.—*Amer. Journ. Med. Sciences*, July, 1885.

Treatment of Loose Cartilage of the Knee-Joint.—In a case of loose cartilage, coming under the care of Dr. Alexander Hadden, palliative measures had failed and operation had been advised. The cartilage could not be displaced when the joint was flexed. There seemed to be a canal through which it passed in and out of the joint cavity. Dr. H. then applied an infant's double truss in such a way as to retain the cartilage in the joint, and occlude the canal through which it escaped from the joint-cavity. The two pads pressed upon the lower end of the femur, between the condyles and the patella, with the greatest pressure on the former bone. This device answered its purpose right well. A special apparatus, better adapted to the seat of disease than was the truss, was ordered. This has so far succeeded that the patient has had no further trouble with the slipping of the cartilage

and pursues his business without the least inconvenience from it.—*Medical Record*, July 11th, 1885.

The Respiratory Function of the Human Larynx.—Dr. F. H. Hooper does not agree with the majority of observers that there is a "proclivity of the *ab*ductor fibres of the recurrent laryngeal nerve to become affected sooner than the *ad*ductor fibres, or even exclusively in cases of undoubted central or peripheral injury, or disease of the roots or trunks of the pneumogastric, spinal accessory, or recurrent nerves."

His investigations led him to doubt the statement made by some, that the recurrent nerve contains sensory fibres; he believes it to be "purely motor." In its trunk, however, are contained two sets of nerve-fibres—the respiratory and the phonatory.

He thinks "there is a centre of motion for the larynx in the cortical substance of the brain." "It is also probable," he continues, "as advanced by many, that the several nerve-filaments of the recurrent laryngeal may have independent ganglionic centres somwhere in the brain or medulla."

The doctor referred to the reflex (spasmodic) action of the constrictors of the larynx as a result of the entrance into that organ of any substance other than air, *i. e.*, during the conscious hours of the individual; that irritation (electricity) applied directly to the recurrent produces the same result, and of the fact that, during profound narcosis, this reflex is absent; and, from his experiments, he has found that forcible dilatation of the glottis is produced by the direct application of electricity to the recurrent during profound unconsciousness; when, however, the animal becomes partially conscious, the opposite effect was produced, the bands approaching the median line; and when almost complete consciousness returned, the closure of the glottis occurred. Under the influence of Ether, these conditions were always present; not so, however, from Chloral, Morphine, etc. At one stage of the Ether narcosis, "there seemed to be a neutral point, so to speak, when the stimulation produced merely a vibratory movement of the vocal bands."

"With a view to ascertaining whether certain fibres in the recurrent were more vulnerable than others," a dog was thoroughly etherized, and, the nerve being exposed, a crystal of Chromic acid was placed upon it. From time to time, while the acid was acting, the nerve was irritated, but so long as a single nerve-fibre was left, the action was similar to that already described. Hence, in this respect, nothing was proved.

After passing a thread through the recurrent in order to set up an inflammation, with the hope of determining which set of fibres had the greater power of resistance, he said, as a result of the experiment: "We are able to record the endurance of the respiratory filaments contained in the recurrent laryngeal nerve, while those destined to supply the phonatory apparatus were altogether unable to respond to stimulation."—*N. Y. Med. Journ.*, July 4th, 1885. H. F. I.

Effect of Cocaine on the Healing of Wounds.—Dr. Lucien Howe has instituted experiments on animals to determine the effects of Cocaine on the healing of wounds of that organ. Eyes that had been subjected to the same injury were treated with Cocaine or let alone. As the result of his observations, Howe formulates the following conclusions: 1. In lesions of the conjunctiva perfect solutions of the Hydrochlorate of cocaine have no appreciable effect, beneficial or otherwise, upon the healing process. When the solution is imperfect, a slight additional hyperæmia is produced, which persists longer than in the other eye, but this is ordinarily of no practical importance. 2. In lesions of the cornea it has a beneficial effect like other mydriatics, but inferior to that of atropine. In imperfect solutions, a perceptible abrasion of the epithelium is produced, and though this is quickly renewed, the healing is thereby delayed by the Cocaine. 3. In

wounds of the iris, the mydriatic action of cocaine is evident; but here, again, it is inferior to atropine, and is of little value in detaching firm synechiæ. Imperfect solutions, however, do not appear to hinder the healing process any more than when applied to the conjunctiva or cornea. Indeed, as strong mixtures possess decided antiseptic properties, they would seem to exert a favorable effect in this respect.—*N. Y. Med. Journ.*, August 8th, 1885.

Zizygium Jambolanum in Diabetes.—A gentleman with pronounced diabetes had tried everything he possibly could for relief without benefit. The specific gravity of his urine ranged from 1037 to 1052, and sugar had been present constantly and in considerable proportion, averaging 15 per cent. By the advice of Dr. W. H. Burt he took tablespoonful doses of the infusion of the berries of *Zizygium jambolanum* three times daily. In three days' time, the quantity of urine passed in twenty-four hours was lessened one-half, and for the first time in two and a half years not a trace of sugar was discovered.

Dr. J. E. Gilman has also used a decoction of Zizygium (probably of the bark) with but partial success in a case of diabetes in a boy. Provings of the drug which he had instituted, showed that it had the property of producing increase in the quantity of urine passed, and after three days glycosuria. Dr. Burt considers the berries to have a better therapeutic action than other parts of the plant.—*Clinique*, July 15th, 1885.

News, Etc.

Located.—H. E. Kistler, M.D., at 2506 Jefferson St., Phila.

Locations.—Five or six physicians can learn of advantageous locations by writing to Dr. G. E. Blackburne, 33 Milan St., Shreveport, La., and enclosing stamp for answer. They must be married men.

Dr. J. P. Dake, with his son Dr. J. P. Dake, Jr., has gone to Europe for a sojourn of two or three months. He will be with Dr. Hughes for awhile working on the Cyclopædia of drug provings.

Correction.—In our July issue we stated that Dr. J. P. Mills acted as chairman of the Bureau of Clinical Medicine, A. I. H. This was a mistake. The name should have been Dr. J. S. Mitchell.

Medical Society of Northern New York.—The summer meeting of this Society was held at the Grand Union Hotel, Saratoga, August 12th, 1885. The President, Dr. C. J. Farley, of Fort Edward, presided. Papers were read by Dr. J. C. Minor on Trephining in Essential Epilepsy; by Dr. H. Bemhell on Acute Inflammation of the Middle Ear; by Dr. C. J. Farley on a case of diphtheria; by Dr. C. S. Kinney on a fatal case of meningeal abscess; by Dr. C. W. Stratton on a case of varicose ulcer of the leg; by Dr. J. A. Pearsall on a case of tetanus: Dr. H. M. Paine read extracts from a paper by Dr. W. H. Watson, of Utica, entitled "A Higher Standard of Medical Education and Medical Licensure Demanded."

Dr. Pierce offered the following resolution, which was adopted:

Resolved, That the members of the Medical Society of Northern New York express their gratitude to Dr. J. C. Minor for his generous hospitalities received by the society at its summer meeting, held at the Grand Union Hotel, August 12th.

The following resolutions of respect to the memory of the late Dr. Delavan were unanimously adopted:

Resolved, That the members of the Medical Society of Northern New York have learned with deep sorrow of the death of an honored associate, Dr. J. S. Delavan.

Resolved, That in this afflictive dispensation the medical profession has lost one of its brightest and most successful representatives; and the public a sagacious counsellor, and a prudent and eminently successful physician.

Resolved, That by his genial and courteous manners, and his noble qualities of heart and mind, his desire to promote every effort which has for its object the alleviation of human suffering, his whole-souled devotion to the interests of medical science, his name has been placed high on the roll of the best representatives of the medical profession. Adopted.

The new members elected were: Drs. Herman Bendell, of Albany, D. T. Pierce, of Argyle, Washington County, R. B. Sullivan, of Albany, and J. A. Rich, of Pittstown, Rensselaer County.

The secretary read a number of letters from members regretting their inability to attend the meeting.

The thirty-fourth annual meeting of the society will be held at Albany, on the first Wednesday in October.

H. M. Paine, Sec'y pro tem.

Death of Dr. J. Savage Delavan.—Dr. J. Savage Delavan was drowned while hunting in Tupper's Lake, in the Adirondacks, on August 7th, 1885. While in the boat, he rose and fired at a hawk. The gun being heavily loaded kicked, and, as the doctor changed his position, the boat capsized and threw him over into the lake, along with Mrs. Delavan and the guide. The doctor and the guide were drowned. Mrs. Delavan was rescued after being nine hours in the water.

Dr. J. Savage Delavan was born in Ballston Spa, Saratoga County, October 18th, 1840, and was consequently in the 45th year of his age. He was the second son of Edward C. Delavan, the American temperance reformer, who built the Delavan House as a temperance house, who became a distinguished editor and speaker on temperance, and who died in this city in January, 1871. Young Delavan attended the Albany academy and educational institutions in Sing Sing and New York. In 1857, he went to Union college and studied awhile, but did not graduate. He determined on the practice of medicine as a profession, and, entering the Albany Medical college, duly graduated in 1861, being the essayist of his class. While there he studied also in the offices of Drs. Paine and Cox. Subsequent to graduation he pursued a special course of study in Paris. On his return to Albany in 1862, he entered into partnership with Dr. J. W. Cox, remaining with him one year. The rebellion having meanwhile broken out, he gave up his practice, and was commissioned assistant surgeon of the First Connecticut Artillery, serving as such with distinction and credit. He was appointed a member of the surgical staff of Harewood Hospital at Washington, and saw active service in all the battles around Petersburg, Va., during the last year of the war. At the close, he became pension examining surgeon, being one of the first to receive this appointment. He held the office for two terms. In 1868, he entered into partnership with Dr. L. M. Pratt, in this city, and they practiced together until 1870, when Dr Pratt moved to Washington. In 1872, he went to Geneva, Switzerland, where he resided four years, serving as United States vice consul during one year. In 1879, he returned to Albany and again entered into partnership with Dr. Pratt. This was dissolved in 1881. He was far advanced in the various bodies of the Masonic fraternity. He was married in 1861 to Miss Helen M. Robinson, a daughter of Judge Albert D. Robinson, late of this city. Dr. Delavan was one of the founders

of the Albany County Homœopathic Medical Society, having united with it during the first year of its existence. He was elected president of the society in 1866; was appointed a delegate from it to the State Homœopathic Medical Society, holding the office from 1866 to 1879, and was elected a permanent member thereof in 1871. During his absence in Europe, Dr. Delavan was elected an honorary member of the Albany County Homœopathic Medical Society. He was an earnest worker in the profession. By voice and pen he greatly contributed to the interest of the stated meetings of the society. He presented and read a number of papers of practical value, several of which were published subsequently in medical journals. He became a member of the American Institute of Homœopathy in 1869, resigning therefrom during the current year. He became identified with the work and purposes of the American Public Health Association in 1881, and was still a member at the time of his death. On the organization of the State Board of Health in 1880, Dr. Delavan became a member, being one of the three commissioners appointed by the governor, and the homœopathic representative thereon. In 1884, upon the expiration of his term, he was reappointed to fill the position he had so faithfully discharged. His work on the board was of the highest character, and his services as chairman of the Committee on Nuisances were warmly commended. Dr. Delavan, at the time of his death, was engaged in a general practice, obstetrics and gynæcology being his specialties. Dr. Delavan stood in the front rank of his profession in the community. He was possessed of a noble, generous character, and personal traits which made him very popular with his patients as well as with those who had no occasion for the exercise of his professional skill and knowledge.

A special meeting of the Albany County Homœopathic Medical Society was held, on Saturday, August 8th, to take action regarding the death of Dr Delavan.

Remarks were made by the President, Dr. Waldo, and by Drs. Pratt, Reynolds and Paine.

Dr. Paine presented and read a biographical sketch of Dr. Delavan. He then offered the following resolutions, which were unanimously adopted:

Resolved, That the members of the Albany County Homœopathic Medical Society have learned with deepest sorrow and regret of the sudden death of Dr. J. S. Delavan, one of its founders and one of its most devoted and earnest supporters.

Resolved, That we hereby signify the sense of the great loss which we have sustained in the death of our esteemed colleague, and give expression to the high appreciation of his valued services to the medical profession, of which he was an honored and useful member, and to the homœopathic school, of which he was an able and distinguished representative.

Resolved, That in this afflictive dispensation we have been deprived of a member whose quick perceptions, sound and reliable suggestions and rich experience, rendered him a safe and valued associate; and the sick and suffering, a friend and counsellor whose benignant presence will not be readily replaced or supplied.

Resolved, That while his sterling good sense; his manly and generous impulses, his affable, genial and social qualities of heart and mind endeared him to the public, he was also held in high esteem by his medical associates on account of his careful regard for the courtesies and amenities of professional fellowship.

Resolved, That a copy of these resolutions be entered on the records of this society, and be published in the daily press.

Office of the Hahnemannian Monthly, *N. E. corner Eighteenth and Green Streets, Philadelphia.*

Send all business communications direct to our office.

COLLEGE OF PHYSICIANS OF PHILADELPHIA

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A CASE OF SCARLET FEVER COMPLICATED BY PERSISTENT ANURIA, GASTRIC HEMORRHAGE AND PAROTID ABSCESS.

BY L. H. WILLARD, M.D., ALLEGHENY CITY.

THE following case of scarlet fever is interesting on account of its anomalous character: First, That no urine was passed for eight days, and none secreted in the bladder. The patient stopped passing water on a Saturday night and on Monday, eight days afterward, the urine began to flow of the same color and specific gravity as when urination ceased.

Second. That notwithstanding profuse hemorrhage from the stomach of an unfavorable character, the pulse improved in strength and in lessened number of beats, by means of rectal alimentation of "Val. Beef-Extract," giving him also strength to survive parotid abscess of both sides, which followed immediately after the hemorrhage from the stomach.

The following is from the report of the case:

John B., æt. 9 years, of a robust form, a blonde of a lymphatic temperament, had a few years ago diphtheria of a mild type, otherwise has always been a healthy child. On the evening of November 22d, 1883, he was taken, after coming from school, with a slight soreness of the throat and vomiting. At 9 P.M., when I arrived, he was still vomiting, had pains and aches all over the body. Tongue coated white; throat red, with a rash on both sides of the uvula of a bright color. Temperature, 103; pulse, 110. Great thirst for water and restless; no rash on the body or extremities.

I diagnosed scarlet fever from the condition of the throat, high fever, and also from the fact that a schoolmate of his was taken sick with scarlet fever a few days before. He was

immediately put to bed, a warm mustard bath was given, after which he was thoroughly greased with warm bacon. Bell. 6ˣ every 2 hours administered.

Nov. 23. Passed a restless night. Temperature, 103½; pulse, 115. Tongue commencing to clean, showing the characteristic redness underneath. Fauces covered with ulcers, also rash on hands, feet, and chest. Vomiting ceased at 3 A.M. Gave a bath morning and evening in the same manner as before and Bell. continued. Diet, beef-tea, milk, with water occasionally to quench thirst.

Nov. 24. Had a better night; more rash on the body and extremities; fauces very red and inflamed; tongue cleaned off, very red, like a strawberry; pulse 115; temp. 102½°; the mustard in the baths omitted, water baths given morning and evening. Bell. continued; same diet. Bowels moved; urine profuse in quantity, no albumen.

Nov. 25. Restless night; rash all over the body, of a smooth, bright color; tongue clean but red; appetite poor. Continued Bell.; diet of milk, beef tea. Temp. 102½°: pulse 115. Gave a bath in the evening.

Nov. 26. Moderately good night; rash not so red; looks pale; intense itching of the skin; appetite poor; fauces not so inflamed, with ulcers on both sides, and a slight coryza; parotids swollen; temp. 103°; pulse 117. ℞. Nitr. acid 3d; diet continued.

From this date until Dec. 4th, the case resembled an ordinary one of Scarlet Fever. Nitr. ac. controlled the coryza, and ulcerated throat. At night he would occasionally be delirious, but generally slept well, the rash had disappeared, and exfoliation was progressing. The remedies were Merc. jod, and Sulph. 30th.

On the morning of Dec. 4th, his parents told me he had passed no water during the night but what was in the chamber, a small quantity of a light specific gravity, no albumen or sugar. Cantharis was now given on account of some pain felt along the urethra. Diet of milk, soft boiled eggs, beef tea, and oranges. No particular symptoms were noticed; he was not delirious, neither sleepy; the pupils of the eyes were normal; his nights were good, only occasionally restless. The remedy Canth. 6th, was given about every four hours; it seemed to do no good.

As his symptoms were not alarming, no medicine was given but an occasional dose of sulphur on account of the rash. The appetite was moderate, the temp. normal and pulse 100.

Every morning the same answer to inquiries, no urine; the bowels moved every other day, well formed and natural. On the 6th day of suppression I was induced to use the catheter to see if there was any urine in the bladder, as there was no hypogastric tenderness or fulness (this had not been tried before) using a small flexible bougie, which was easily introduced; a few drops of pale urine flowed, not over a teaspoonful. This settled the fact that the kidneys were not secreting any urine, neither was it thrown off by any other organ; his bowels, as has been described, were moved every other day, and there was no great amount of perspiration.

On the morning of the ninth day of suppression and the twentieth day of his sickness the parents in a joyous manner told me that their son had passed a small quantity of urine during the night; it was of the same color, light in character, as that shown me when the kidneys had ceased to secrete. The urine was now more than normal in quantity but perfectly healthy, and continued so during the remainder of his illness.

We had now no reason to expect anything else than a rapid recovery, but on the morning of the twenty-third day of illness his parents told me he had vomited something like blood. I thought he had eaten too hearty a supper, but his parents say not. This day, the diet was light, only milk. Nux 6x was given every two hours. On the morning of the twenty-fourth day he vomited again, this time a glairy mucus mixed with a dark green substance. Ars. alb. 6th was now given every two hours. He vomited again in the evening a substance resembling coffee-grounds. Temperature 96½, pulse 120.

On the morning of the twenty-fifth day of illness at 10 o'clock, he vomited a dark-looking liquid, and at 3 P.M. without having taken any food or water, a half pint of dark clotted blood. We now used injections of "Val. Beef Essence" to sustain his strength, first emptying the rectum, and in a half hour afterwards, giving as an injection a teaspoonful of Beef essence to three teaspoonsful of tepid water. These were repeated three times a day, and Sulph. 6x on pellets every two hours.

After all water and food was abstained from, there was no further vomiting, so that from the twenty-fifth to the twenty-ninth day his stomach was quiet.

His pulse which was 120 and his temperature 95°, on the twenty-fifth, improved, so that on the twenty-ninth day, temperature was 78°, pulse 76.

It was our intention to give no food until four days had

elapsed from the time of vomiting, but on the night of the 29th day his importunities for water were so great that his parents gave him a small cupful, making him promise to only drink half—which promise he fulfilled by drinking all; fortunately it did him good, and so finding the stomach tolerant of water we were compelled to give food by the stomach; as a tendency to diarrhœa showed itself, but was controlled by Ars. alb. 6th.

He was now in good condition, appetite fair, temperature and pulse normal, prospect for recovery good.

As this was an only child the joy of the parents was supreme.

Former experience taught us to be very guarded in prognosis.

On the evening of the thirty-first day of illness, a slight rise in temperature was noticed, and great restlessness with no appetite. This rise boded no good, for, on the morning of the thirty-second day, the right parotid was very much swollen, and he could, with great difficulty, open his mouth. Applied poultice of flaxseed to the gland, and gave him Merc. solub. 10th in water every two hours, and milk diet; on the evening of this day, the left parotid became swollen; poultice was also applied to this gland. Considerable sleep was secured by this means. Milk was given through a glass tube. Temperature 103. Pulse 120.

The thirty-second and thirty-third were passed with pain and suffering. We could get some nourishment through the tube, water and milk. Medicine was changed to Kali iod. 2d in water, and a dose every hour during the thirty-third day, so that during the day he had taken 3 grains. Sleep was very disturbed, breathing with difficulty.

On the morning of the thirty-fourth day, signs of fluctuation were noticed in the right parotid, about the angle of the jaw. It was immediately lanced, and a quantity of pus of a laudable character flowed out. He was now more comfortable; the temperature 100, pulse 118; could open his mouth a little. Kali iod. discontinued. Rhus tox. 10th administered. On the morning of the thirty-fifth day the left parotid was lanced with an abundant flow of pus.

After this he improved, pulse and temperature regained the normal state; medicine was omitted; his appetite was good, and in a few weeks his emaciated appearance was gone.

In conclusion, I would thank Dr. Hoffman, consulting physician, for the aid he rendered me in this trying case.

TREATMENT OF TABES DORSALIS.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA.

THE results to be attained by careful and well-directed treatment of cases of tabes dorsalis, are not of a brilliant nature; yet our knowlege of this affection has increased to such an extent and our methods of handling it have correspondingly improved, that the therapeutical means at our disposal are far more effectual than formerly. Whether or not we will ever be able to cure this formidable disease, we cannot say. Certain it is, that at the present day tabes dorsalis is rarely if ever cured. Twice it has been my good fortune to observe the symptoms of the disease remit to such a degree that the patients considered themselves well and abandoned treatment. It is impossible, however, to speak as to the permanence of these remissions inasmuch as but two years in one case and one year in the other have only elapsed since the patients passed from observation. In Ziemssen's Cyclopædia, Erb reported a case of tabes dorsalis as cured. This patient lived for twelve years entirely free from all symptoms of the disease, when he died suddenly by corrosive poisoning. A post-mortem examination was made by Schultze, who found characteristic sclerosis diffused and of moderate intensity in the lumbar region of the cord. In the dorsal region, there was degeneration of the posterior-root-zones and partial degeneration of Goll's columns. The same lesions but to a less extent existed in the cervical region. In other words, while the patient's symptoms had been cured, the pathological condition that had given rise to them, had remained unaltered.

Observations the converse of the above have also been made. A case of tabes had been operated on successfully by Langenbuch by sciatic nerve stretching for the relief of leg pains. Afterwards, a return of pain in the upper extremities led to the performance of nerve stretching on the arm, during which operation, the patient died. An examination of the cord made by Westphal failed to discover any degeneration in the posterior columns. Was it possible that a mistake in diagnosis had been made? Or, can it be that locomotor ataxia in its early stages is a functional disease? or that the alterations begin in the peripheral nervous system?

Since the report of Erb's case, Eulenburg, Hammond, Desnos, Cadiat, Henry, Desplat, Schultze, and Lyman have each reported cures of cases presenting all the clinical phenomena of tabes dorsalis. Now it must be remembered that a

lesion situated in or adjacent to the posterior columns of the cord and not degenerative in character may give rise to all the symptoms of tabes dorsalis. Thus, a congestion of the posterior columns of the cord, a slight degree of meningitis over these columns, or a gummatous tumor of the meninges in this situation would undoubtedly bring on many of the classical symptoms of the disease which we are now considering. These last-named affections are frequently curable. This may account for the few cures of cases of this affection that have thus far been reported. So far, we have no positive evidence that degeneration or sclerosis of the posterior columns has ever been cured. We do know, however, that judicious treatment will do much to lessen the downward tendency of the disease and mitigate the patient's sufferings. Erb's case is encouraging to us for it reveals the possibility of keeping the symptoms entirely in abeyance, although the pathological condition remains unaltered. Westphal's examination of Langenbuch's case also leads us to hope for better things. If improved methods in diagnosis enable us to recognize the disease before organic changes in the central nervous system have appeared, then by our remedies and our auxiliary treatment, we ought to lessen the fatality of locomotor ataxia.

In a paper on locomotor ataxia read before the Homœopathic Medical Society of the State of Pennsylvania two years ago, I considered the treatment of this affection under four heads: 1. Hygienic, 2. Electrical, 3. Medicinal, and 4. Surgical. This arrangement I shall follow in this paper:

1. *Hygiene.* In the early stages of the disease, when the patient is able to go about, great care should be observed that he is suitably clothed. It is important that his clothing should not be too heavy; the extra efforts in locomotion entailed on him by reason of his disease, throw him readily into a perspiration. If he then takes off his coat to get cool, he is liable to take cold. If, on the other hand, his clothing is too light, the natural susceptibility of these cases to exposure leads him into danger.

Alcohol must, in the early stages of the disease, be *positively forbidden.* This is important. The incoördination in gait is interpreted by the patient to mean weakness or debility. He feels inclined to prescribe for himself a stimulant. In many cases he may, in following this inclination, do himself a positive injury; in no case can he benefit himself by it. The light table wines are not contraindicated although it cannot be said that the patient will derive any advantage from their use.

Rest judiciously observed, is of the highest importance. It is not desirable that the patient shall be sent to bed and kept at absolute rest for an extended period of time. Such a course, I take it, would be of doubtful utility. The probabilities are that after his protracted rest, the patient would not be able to walk as well as he could before he had taken it. If the lightning pains should appear with great violence, the exhaustion they induce will render rest in bed an absolute necessity as well as a therapeutic measure. The rest which the ataxic requires is that which takes off as much strain as possible from the muscles whose functions are disordered. This may be done by the use of either cane or crutch. Absolute rest in the treatment of ataxia was first recommended by Weir Mitchell, who observed that several cases of the disease in which confinement in bed was enforced, on account of fractures of bones, were very much benefited by the treatment. Althaus looks upon absolute rest as of more than doubtful utility.

Hydropathic treatment (with which I have had no experience) is recommended by Rosenthal and Ross. The former of these authorities lays down the rule that in the application of hydro-therapeutics to this disease, all measures which tend to increase the congestion and irritation already present should be carefully avoided. For this reason, I think that the alternate application of hot and cold water to the spine as recommended by not a few authorities should not be sanctioned. Friction with a cloth dipped in water at a temperature of 60° or 65° will be found beneficial. The patient may be placed in a bath of 70° or 75°, the temperature of which shall be gradually lowered by the addition of cold water until it reaches 60° or 65°. Müller condemns hot water or vapor baths as being positively injurious. Cold baths are also, he believes, contraindicated. He recommends that the bath be taken at a temperature of 84° to 86°.

Schreiber, considering the fact that he had frequently cured the anæsthesia which appears during the course of neuralgia by means of massage, was induced to try it for the relief of anæsthesia in a case of tabes. The sittings were daily and of five minutes' duration each. The affected parts were kneaded and stroked with the clenched fist in various directions. No violence was used, and no pain was caused by the manipulations. At the end of twelve days the anæsthesia disappeared, although it had existed for five months in spite of all other treatment.

Dr. Henry M. Lyman, of Chicago, has reported (*Medical Record*, vol. xxii., p. 373) a case of locomotor ataxia with symptoms far advanced, in which dry cupping along the spine and the application of Junod's boot to the extremities effected what was practically a cure.

2. *Electricity.* Electricity is one of our most valuable agents in the treatment of tabes dorsalis. The results obtained from its use, although in many cases good, and in some few even brilliant, are not all that we could hope for. Static, galvanic, or faradic currents may be used either separately or together. Dr. W. J. Morton reported some time ago a case treated by static electricity with complete remission of all symptoms lasting several months. The patient was placed on an insulated stool and charged; then sparks were drawn from his spine. Galvanism and faradism are used more frequently than static electricity. In making use of the former, it was formerly my custom to place both electrodes over the vertebral column, one in the cervical region and the other in the lumbar, using ascending or descending currents indifferently. Immediately after the appearance of Erb's work on Electro-therapeutics in 1883, I adopted the plan of treatment which he recommends, and, I think, with better results. In his method of application, Erb proposes to influence the spinal cord and the cervical sympathetic at the same time. The negative electrode is placed over the upper cervical ganglion of one side, the positive "upon the opposite side of the vertebral column immediately adjacent to the spinous processes, at first stabile upon the lower cervical and upper dorsal vertebræ, then gradually moving downward and remaining a little while at each place; this method is then repeated upon the other side, one to one and one-half minute sufficing for each side." He then applies the negative pole to the spinal column, successively changing its position to lower and lower down while the positive electrode is held over the lumbar vertebræ. The strength of current employed should be that from eight or ten cells.

Peripheral galvanization for the relief of the lightning pains, I have never used. On the authority of Erb, it may be stated that the lancinating pains are sometimes relieved by the "stabile application of the anode to the spine at the point of origin of the affected nerves; stabile application of the cathode on the painful and hyperæsthetic portions of the integument." Another method recommended by the same authority as worthy of trial is the treatment of painful or pressure points by the stabile application of the anode.

Most important of all methods of applying electricity is that recommended by Rumpf, namely, the application of the faradic brush. So far as my knowledge of the subject goes, this has universally received favorable consideration. The current should be used sufficiently strong to cause muscular contraction. One pole (the anode) should be applied to the sternum, while the cathode to which the brush is attached is passed over the back and lower limbs. The faradic brush has a prompt effect in relieving the anæsthesia over an area much greater than that to which it was applied. Under its use, there is a perceptible improvement in the gait, and the pains in many cases disappear.

Engelskjön has observed that the galvanic current applied in the same way, produces the same effect. He believes that the improvement is due to peripheral nerve irritation, as analogous effects may be produced by the application of a mustard plaster. In a case of disseminated sclerosis of the cord under my care about a year ago, the application of mild mustard plasters to the affected areas had a marked effect in relieving the anæsthesia. Engelskjön believes that cutaneous faradization is valueless in those cases of ataxia in which the first symptom of the disease is atrophy of the optic nerve.

3. *Medicinal Treatment.* It is a noteworthy fact that the prominent remedies employed by homœopaths in the treatment of tabes are the identical ones in which the allopaths place the highest degree of confidence. In enumerating the remedies which may be of use in this disease with their indications, it will not be possible for me to refer to all which may be of use, nor will it be convenient to mention all the symptoms which may be indicative of a particular remedy, so varied are the symptoms of the malady with which we are dealing.

Argentum nitricum is the remedy above all others, which will be found useful in tabes dorsalis. It has long been used by homœopaths in the treatment of sclerosis of the posterior columns of the cord. The silver salts all act powerfully on the nervous system producing in chronic poisoning cases, marked nerve degeneration throughout the body. Referring to the pathogenesis of argentum nitricum, we find it to contain all the prominent symptoms of locomotor ataxia. The ataxic gait with aggravation when the eyes are closed, the atrophy of the optic nerve, the contracted, dilated or unequal pupils, the loss of the pupillary reflexes, the gastralgic attacks, the retention of urine from paralysis of the bladder, the complete loss of all sexual desire, the priapism, the pains in the back, and the

pains shooting through the extremities are symptoms which show how thorough is the homœopathic relation of argentum nitricum to locomotor ataxia. We must not expect the improvement which follows on the administration of this remedy to begin immediately. Nor should we, when we have once prescribed the nitrate of silver, change to another remedy until we are satisfied that it will do no more good, or that some other remedy is better indicated. It has been my experience to find this medicine exerting a more favorable influence on some of the symptoms than on others. The ataxic gait has generally been the first symptom to be relieved. The lightning pains on the other hand are but slightly ameliorated. As regards that most distressing symptom, blindness from atrophy of the optic nerve, while no remedy is apparently of much benefit, nitrate of silver does more to slow its onward course than any other drug. I have been in the habit of prescribing the third decimal trituration, three grains every three hours. Old-school physicians give the drug in pill form, from one-tenth to one-half a grain being taken, three times daily.

The hyposulphite of silver is recommended by Eulenberg. He contends that the remedy is often inert when given in pill or powder. He therefore believes that it should be administered hypodermically. The following is his formula for preparing the remedy for use:

℞. Chloride of Silver, ... 10 centigr.
Hyposulphite of Sodium, ... 10 "
Distilled water, ... 20 grams.—M.

An injection is given daily in the dorsal region of from 10 centigrams to one gram. These injections Eulenberg claims are usually followed by a temporary amelioration of the pains.

The *phosphide of silver* has been recommended by Dr. Allen McLane Hamilton, of New York. He prescribes it in doses of one-tenth of a grain, repeated three times daily. Several years have elapsed since he first called the attention of the profession to this remedy, yet no one seems to have made use of the drug. Phosphide of silver, composed as it is of two such valuable medicines as phosphorus and silver, certainly ought to be useful in this disease.

Zinc and its preparations are important remedies in all affections of the spinal cord, and they are scarcely less valuable than the silver salts in tabes dorsalis. That zincum is homœopathic to this disease will not be questioned even by members

of the allopathic fraternity. A few years ago, a series of cases of nervous disease, attacking the workmen in the zinc mines of Upper Silesia, was reported by Schlochow. The disease attacked those only who had worked in the mines for a dozen years or more. There was marked incoördination of gait and anæsthesia of the lower extremities. It was only by careful observation that the reporter was enabled to eliminate the possibility of the cases being those of idiopathic tabes dorsalis; zincum is especially indicated when the numbness and formication in the lower extremities are marked; where there is burning along the spine, pain at the last dorsal vertebra and other symptoms indicative of spinal irritation. Sexual power is generally lost.

Zinc phosphide is used exclusively by allopathic physicians. The combination of phosphorus with zinc certainly ought to make a very valuable spinal remedy.

Alumina has symptoms which certainly distinguish it as a valuable remedy in tabes. It has the ptosis and the diplopia so frequently met with in the early stages of the affection; the patient is unable to walk in the dark without staggering, the soles of the feet feel as if they were padded, there is formication in the back and extremities, the nates go to sleep readily when sitting, the heels become numb when walking, and there is pain in the back as if a red-hot iron was thrust into the spine.

Phosphorus in its symptomatology resembles zinc in that it is indicated in those cases in which there is burning, tingling and formication along the spine. But with phosphorus there is marked erethism. Sexual excitement is great; so great indeed that the patient uncovers the body without any shame. There will be frequent involuntary seminal emissions. When atrophy of the optic nerve is present, it is associated with frequent bright flashes of light before the eyes.

Gelsemium has been highly recommended in cases of tabes. I can hardly believe that it will prove of much value in the well advanced stages. In the early stages, it is well indicated when there is marked myosis with ptosis and diplopia.

Secale is a remedy which has not been mentioned at all in Homœopathic literature as a remedy for tabes. Yet if the observations of recent allopathic authorities are correct, we have in this remedy one which is eminently homœopathic to the affection. Tuczek recently investigated an epidemic of ergotism occurring in Marburg in which a number of patients had marked ataxic gait with absent patellar tendon-reflex,

paræsthesia, pains, etc. Four of the patients died, and post-mortem examination revealed sclerosis of the posterior columns of the cord. Cases of tabes have been reported by Grasset in which all the symptoms were markedly aggravated shortly after the administration of doses of ergot, sufficiently large to produce the physiological effects of the drug. Bartholow cautions the profession regarding the use of this remedy in acute spinal affections. He calls attention to the fact that the veins of the spinal cord are in the numerical proportion to the arteries of four to one. Now, the venous capacity being so much greater than the arterial, it follows that the blood-current must be slowed in order that the vessels may be filled. Ergot given in physiological doses produces a contraction of the arteries, driving the blood into the veins where it accumulates, distending them unduly. The compression thus exerted on the cord must have a hurtful influence on its nutrition. Ergot in large doses is highly recommended by some old school authorities as a valuable remedy in tabes dorsalis. Others condemn its employment in this disease and say that naught but harm can come from its use; what effect the homœopathic attenuations will have I cannot tell, as I know of no experience as to this use of the drug.

Silicea is an important spinal remedy and may be of occasional use in tabes dorsalis. It has the wandering pains which pass suddenly over the body. It has a number of spinal symptoms. It is especially useful for the obstinate constipation attendant on disease of the spinal cord.

Picric acid produces both a sclerosis and a softening of the spinal cord. It is indicated in cases where there is marked asthenia. The legs feel heavy. There is numbness and tingling in the extremities. Sexual desire is increased and there are frequent nocturnal emissions.

The double *chloride of gold and sodium* has been recommended by Bartholow, because of the supposed power of the drug to produce an absorption of an excessive formation of connective tissue, which, he assumes, is the cause of the degeneration of the cord in tabes dorsalis. The dose recommended is gr. $\frac{1}{2\overline{0}}$, twice daily to begin with. I have made use of this remedy in two cases, but without any result, possibly because the patient did not continue its use for a sufficient length of time.

The *Bisulphide of Carbon* has long been used as a local application in cases where the pains are very severe. Later observations show that its real field of usefulness is yet to be

appreciated. The power of the vapors of the drug to produce insanity is well known. It is only recently, however, that a case of poisoning with this reagent has been reported by Berbes of Paris, in which the patient presented symptoms of cerebral congestion, motor troubles and hyperæsthesia of the skin. The powers of coördination were decidedly affected. Sensibility was markedly disturbed. Sexual appetite was destroyed. Darting pains throughout the body, but especially in the cardiac zone were noted. The patient improved within a couple of months under the influence of purgation and nervous stimulation. Theoretical considerations would lead to the prescription of bisulphide of carbon in those cases of tabes in which mental symptoms are predominant. Amaurosis is an additional indication for this drug.

Belladonna is the remedy which in my hands, has been of the most value in relieving the lightning pains, which correspond very well to the characteristic of the pains of this remedy, coming suddenly and going away as suddenly as they came.

Nitric acid did good service for me in one case in which the lightning pains were of of a sticking character.

Thallium should also be valuable in some cases. In its pathogenesis, we find the symptom, pains like shocks of electricity darting through the limbs. The only case in which I prescribed it, it was of no avail. It must be confessed, however, that the patient observed anything but a hygienic mode of life, hobbling around town as best he could, frequently fortifying himself with whiskey.

Cases will arise in which notwithstanding the most careful prescribing, these pains are uninfluenced. We must then have recourse to palliatives. Among these morphia given hypodermically stands pre-eminent. It is unfortunate that we have to begin the use of this drug, for, in my experience, these patients show a remarkable aptitude for taking very large and increasing doses of it; and it soon becomes to them a necessity. In some few cases, applications of heat relieve, while in others they cause marked aggravation of the sufferings.

Vulpian recommended the local application of chloroform to the painful area. A flannel should be wrung out thoroughly in hot water and then a few drops of chloroform sprinkled on and then applied. In the only cases in which I used it (two in number) the chloroform caused such pain that the patient determined to put up with the ataxic pains rather than persevere in the use of the remedy.

4. *Surgical Treatment.*—Nerve stretching, as a remedy in tabes dorsalis was proposed by Langenbuch, who first performed the operation on a case of this disease in hopes of relieving the lightning pains. Not only were the pains relieved in this case but the ataxia also. A second operation was performed by Esmarch, who stretched the nerves in the axilla for the relief of pains in the arm. In this case, too, the motor incoördination entirely disappeared. The third case by Eulenmeyer was not successful. The fourth case by Charcot was attended with brilliant results. Since then the operation of nerve stretching has been performed for tabes nearly a hundred times with varying degrees of success. Hammond, Davidson, Stokes, Spencer and others have reported favorable cases. There has yet been no satisfactory explanation given as to why the operation should be of benefit, but this is no reason why it should be condemned. Brown-Sequard and Bastian have shown that the operation of nerve stretching is followed by vaso-motor paralysis with increased temperature of the part. It is barely possible that the improvement may be connected with these phenomena.

The operation is not devoid of danger as shown by the case of Langenbuch and Westphal. Althaus has pointed out the fact that the mechanical force exerted in stretching the nerve may be transmitted to the medulla and so occasion sudden death. Leyden believes that the operation may in some cases do harm. He has met with one instance in which it set up a neuritis.

The greater number of cases in which this operation has been reported as performed for tabes have been successful, notwithstanding which, the consideration of its feasibility and its indications has gradually dropped from the medical journals of late, so that one cannot help but believe that later observations have failed to confirm the results for which the earlier operations led us to hope.

THE RELATIONSHIP BETWEEN SCARLATINA AND DIPHTHERIA.

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While treating eight children of the family of Mr. and Mrs. George S——, of this city, last year, for diphtheritic scarlatina, I was very much interested in the existing relationship

of the two diseases, particularly as regards their identity. Hence my selection of this subject. I wish to say at the outset, that, while there may be a difference, I am not prepared to recognize it to be as great as is generally claimed. That there exists a marked similarity in their origin, course and termination, cannot well be denied. Also that it is possible for the two diseases to exist in the same person at the same time and both run their regular course together to the end, or that one disease may predominate over the other to a greater or less extent.

On looking up the history of the two diseases, I find that the earliest record we have of scarlatina was in the year 1556. In 1676, appeared Sydenham's essay on scarlatina, and by the end of that century the disease had been described in every part of civilized Europe. It first made its appearance in this country at Kingston, in 1735; it soon spread through the New England States to New York, Philadelphia, and along the Atlantic coast, and reached South America in 1840, where the disease appeared in its most malignant forms. Diphtheria is considered to be one of the oldest of epidemic diseases. A full description was given by Hippocrates, 400 years B.C.

It would then seem by our present knowledge that diphtheria was in existence many hundred years before we have any record of scarlatina though it may be possible that they both existed as far back as the history of man, or of epidemic diseases. We learn that it was about the time of Sydenham, that there was a distinction made in the classification of the two diseases. Both diseases were classed under the head of diphtheria, in many instances as late even as 1858, which may account for our inability to find an earlier record of scarlatina. The term diphtheritis was originally suggested by Bretonneau in 1818. The first record of its appearance in this country was from the pen of Dr. Samuel Bard, of Philadelphia, in the year 1789. He reported cases that occurred in the city of New York. It was again epidemic in California in 1856–57, and somewhat later in all the northern states; at present the two diseases exist in almost every known country, and at all seasons of the year; they appear epidemically from time to time and claim many thousands of victims annually. They find the most congenial soil in temperate climates. They occur in the tropics, but do not appear to have been seen in the Arctic regions. It is probable that dampness favors the development of the germs of the two affections. Both diseases may occur sporadically as well as epidemically. One thing in particular is very noticeable and that is when there is an epi-

demic of scarlet fever, it is quite sure to be accompanied with cases of diphtheria, and it is also quite certain that the two diseases generally make their appearance together during most epidemics of any magnitude. The probable period of incubation of both diseases is from two to six days, sometimes more, and in exceptional cases less; diphtheria is generally considered to have the shortest incubation period. In the spring of 1879, I was consulted late in the afternoon by a large, robust looking man, who had just come from the lumber woods, to have his tonsil lanced: the abscess was a large one and discharged a quantity of healthy pus; at this time there were no signs of diphtheritic deposit. He declined to take any medicine from me as he would soon see his physician; then he went to his hotel and remained all night in a room where a child was sick with diphtheria; the following day his doctor called, and found there had developed a bad case of diphtheria, in fact his throat was full of membrane. The man died during the next day. In this case, the incubation period could not have been much over twelve hours. It will be noticed that this case developed under the most favorable conditions possible.

Authentic cases of scarlet fever are reported to have developed within 24 hours from exposure. The producing causes or contagious principles of the two diseases, are no doubt similar in their nature, but the main agent or germ is still a matter of conjecture. Whatever its character may be, it is quite certain that it is received into the system either by direct contact, through the circumambient air, with the food and water we eat and drink, and by inoculation. It is considered that scarlet fever is more contagious than diphtheria, undoubtedly so, by reason of so large a surface of the body being affected at one time, and exposed to the surrounding atmosphere. The greater the disturbance of the surface of the body in eruptive diseases, the greater is their contagiousness, as for instance in measles and small pox. The contagious principle is capable of retaining its inoculative power for years under favorable circumstances, one attack of both scarlatina and diphtheria generally brings immunity against further attacks, and may be of both diseases. One marked predisposing cause is age; they occur most frequently between the ages of one and fifteen, one-half the cases appearing between the ages of one and five; no age is exempt. The mortality of the two diseases is nearly the same, but differs in different epidemics. During the recent epidemics, diphtheria has proved to be the most fatal, about one in four or five cases dying. Certain epidemics and certain periods of them are

marked by a greater fatality, especially at the commencement of the epidemic; at other times the ratio of mortality is small, perhaps one in ten or fifteen cases proving fatal.

On page 531, vol. xix., of the HAHNEMANNIAN MONTHLY, I find the following from the *British Medical Journal*, on the relationship between scarlatina and diphtheria. It remarks editorially, "that the evidence of close relationship in origin and pathology of these diseases is rapidly accumulating; in some cases, barring mistakes in diagnosis, it seems that one may develop from exposure to the other. In a recent epidemic they existed side by side, some of the cases affected had a real eruption, followed by a desquamation of the skin, and renal dropsy; others had no rash, but were followed by paralysis. In some cases, the first patient in a family attacked had vomiting, sudden accession of fever and a red rash; while others a week or two later had no rash, but white patches in the throat, and in one or two instances subsequent paralysis of the pharyngeal muscles. It would seem that though scarlatina generally originates from personal contagion, and though typical diphtheria often has a local origin, especially from sewer emanations, both diseases are due to an infection, which in all cases attacks the throat, from which it is mainly propagated. In passing from person to person, it may be so modified as to cause in one instance characteristic scarlatina, in another typical diphtheria, in a third a mongrel affection, which it is difficult to refer to either, or to identify by any other name than that of a bad sore throat, and which is in fact, a connecting link between the two diseases."

The individuality of the two diseases is not in most cases difficult to recognize, but under favorable circumstances one seems to unite with the other, which is not so surprising when the general conditions and results of the two diseases are so nearly, if not quite alike. It will be noticed that diphtheria finds a good ally in scarlatina with which to unite all its forces, as no other disease seems to do; again it would be difficult to find any two contagious diseases whose relationship is so close, and where one disease is so liable to be complicated by the other. One could say from a pathological and anatomical point of view of the subject, that croup was nearer akin to diphtheria than scarlatina, but if we accept the claims made by Dr. Morell Mackenzie, and other noted specialists, as correct, that diphtheria and membranous croup are practically identical, then it will be unnecessary for us to consider typical croup. Erysipelas, rheumatism, and other eruptive diseases seldom if

ever make their appearance during the prevalence of diphtheria and scarlatina, and are so characteristically different that their relationship need not claim our attention here. In some epidemics of diphtheria, we see a scarlet rash, which appears usually in spots, particularly about the neck, face, and chest; occasionally a rubeola rash appears all over the body, very much like a scarlatinal rash, which is not usually followed by so great a desquamation as in scarlatina. In malignant cases of diphtheria we sometimes have desquamation of the cuticle, of the hands and feet, but where diphtheria joins with cases of scarlet fever, we unmistakably get the characteristic symptoms of both diseases united in one. In some epidemics, we get cases of scarlatina without the rash, and accompanied with all the general symptoms of a typical case of diphtheria.

The febrile disturbance is considered by many to be greater in scarlatina than in diphtheria during the first few days, or, until the eruption is well out; but in malignant cases of diphtheria I think I have seen full as great febrile disturbance as in scarlatina. Both diseases are adynamic in character, with very decided systemic disturbance, especially in malignant cases, and with profound depression of the vital forces. The cervical and lymphatic glands are liable to become inflamed and swollen similarly in both disorders; suppuration is said to take place oftener in cases of scarlatina. The papillæ of the so-called strawberry tongue do not usually make their appearance in diphtheria as in scarlet fever; the diphtheria tongue has a thick, dirty, grayish, or brownish coating, and does not so readily clean off until later in the disease. Both tonsils are inflamed, and take on the same kind of membranous deposit, which may spread over the surrounding tissues and affect the air-passages; there may be sloughing of the tonsils and discharge from the nose with more or less ulceration.

Albuminuria is often present in both diseases. In diphtheria it frequently occurs early; in scarlatina it usually comes on during the second week. In scarlet fever, the excreting powers of the kidneys are usually more affected, resulting oftener in hæmaturia and renal dropsy. In both diseases the urine may contain casts and degenerated epithelium. Paralysis often follows both diseases, and it may affect either the motor or sensory nerves; the paralysis may be partial or complete. That after scarlet fever more often affects the extremities, that following diphtheria the nerves of special sense. Paralysis of the heart is of frequent occurrence in both diseases, resulting in fatal syncope. Another serious complication is

endocarditis, and this, by detached particles, often causing death in both diseases by embolism or thrombosis. In serious cases, the course of both diseases indicates more or less blood-poisoning.

The history of the above-mentioned cases is as follows:

Case 1.—Sarah S., aged 14; taken sick February 29th, with chills, high fever, headache, vomiting, and diarrhœa. I was called the next day and found she had scarlet fever; the eruption was just making its appearance; the exanthem was of a smooth variety, the skin presenting a bright uniform redness, with considerable turgescence of the surface; at the same time she had a well-developed case of diphtheria, with large membranous deposits; the throat and neck were much swollen; in fact, we had a typical case of diphtheria. On the fifth day the eruption receded considerably, on appearance of the menses, but returned two days later, and remained out distinctly on the body a full week longer, and passed off as the throat symptoms subsided, both lasting longer than usual. Dropsical symptoms followed. She was very sick, and recovered slowly.

Case 2.—Edward S., aged 13; taken sick February 29th, with chills, fever, vomiting, and diarrhœa; the next day I found he had well-developed scarlatina; the throat was considerably inflamed, with white patches on the tonsils; the eruption came out well, the disease ran the regular course, and the patient recovered in due time, with no unfavorable symptoms.

Case 3.—Alice S., aged 11; taken sick February 29th, with chills, fever, and vomiting; the scarlatinal eruption was just making its appearance on the neck and face when I saw her; the throat was red and inflamed, accompanied with high fever; the eruption soon spread over the body; the throat was quite sore and had small white patches on tonsils. Case recovered at the usual time.

Case 4.—Albert S., aged 9; taken sick March 1st, with chills, fever, vomiting, diarrhœa, and colic-pains in bowels; followed by scarlatinal eruption, which came out well; the throat was much swollen, also the glands of the neck; on the third day large white patches formed on the tonsils and adjacent parts, which remained until after the eruption had disappeared; the glands of the neck remained swollen for three weeks after the diphtheritic deposit was gone. He recovered slowly, and seemed much debilitated for some weeks afterwards.

Case 5.—George S., aged 8; felt bad March 4th; had

light chills, fever, and slight sore throat; had no appreciable eruption; he remained feverish and dumpish for a few days, and in five days was in his usual health. Had taken Belladonna from March 1st.

Case 6.—Bertha S., aged 7; taken sick March 1st, with the usual symptoms of scarlatina; the eruption came out well the second day; remained out fully five days, and disappeared; the throat presented a uniform redness, with swelling of the mucous membrane, but no white patches were seen. The case made a good recovery.

Case 7.—Helen S., aged 3; taken sick March 2d, with chills, high fever, vomiting, diarrhœa, and watery, yellowish discharge from the nose; the scarlatinal eruption followed in due time, but the skin was dark and livid; in about three days the eruption was nearly gone, leaving the skin of a dirty-grayish hue; the throat became much inflamed and swollen at the start, and soon filled up with diphtheritic membrane; the discharge from the nostrils was very profuse at first, afterwards entirely blocking up the nasal passages, and was corrosive in character; the lips were sore and excoriated, with occasional bleeding from nose and mouth; very fetid discharge from the mouth; the neck and face badly swollen; great difficulty was experienced in swallowing and in breathing; urine very scanty and dark; pulse rapid and weak; semi-conscious condition during the last twenty-four hours. Patient died on the fourth day; undoubtedly the result of blood-poisoning.

Case 8.—Frankie S., aged 5; taken sick March 4th, with chills, fever, vomiting, diarrhœa, and pain in bowels, followed in due time by scarlet eruption, which came out well, as in normal cases. In this case I examined the throat before the eruption made its appearance, and found a small white patch on the left tonsil, which soon spread over both tonsils and surrounding tissues, down the larynx and trachea; by the fourth day it presented a typical case of croupous diphtheria, with the scarlatinal eruption well out at the same time; the case gradually grew worse; the throat symptoms predominating, with much labored breathing. The patient died on the fifth day from asphyxia, with all the characteristic symptoms of genuine membranous croup.

I wish to state here, that during the illness of the children Mrs. S. nursed and cared for a babe three weeks old, who was most thoroughly exposed and did not take either disease. It will be noticed that seven out of the eight of my patients were well-developed cases of scarlet fever, six had diphtheritic de-

posits, three were equally as bad as the most malignant cases of diphtheria; two proved fatal. Instances could be cited of cases that occurred in this city, during our recent epidemic of these diseases, where two members of a family were taken sick with malignant diphtheria, accompanied with a slight rash which remained only one day; after six days had elapsed, another member of the same family came down with unmistakable scarlatina; and other instances where both diseases were present in the same patient at the same time. It would then seem, from these and many other similar cases, that the effects of the two diseases are markedly alike, and are often united as if they were one common enemy, to prey upon and destroy the human system, as no other two so-called contagious diseases are capable of doing.

SEQUELÆ OF CHRONIC CONSTIPATION.

BY SAMUEL LILIENTHAL, M.D., OF NEW YORK.

Mr. H. A., a lawyer of extensive practice, about 40 years old, always enjoyed good health, in fact he never knew what sickness was. In his law business, he is obliged to make extensive routes, in order to plead at different courts, and is thus exposed to many hardships. During one of his trips he caught a severe cold, in a snowstorm, and a bronchial catarrh with copious expectoration followed. Living near a university, the professor of chest diseases was consulted, and considered it more of a gastric catarrh, and the bronchial affection only one of the sequelæ thereof, for which the water of Ems was recommended, especially as constipation was a chronic trouble with the patient. Only after sitting a half an hour or more at the water-closet, could he relieve himself, but it was always unsatisfactory, and even purgatives often failed to give him more than transitory relief. Though the cough left him gradually, no amelioration followed in his general state; he, who formerly was so robust and strong, declined in health and strength, and though several eminent physicians were consulted, they failed to detect the cause of his ailments. His chief complaint was a constant pain in the lumbar vertebræ, especially about the first or second one, but the whole spinal column was tender to the touch, and the muscles of the groin sore and hyperæsthetic to such a degree that even slightly stroking it produced excessive pains. A swelling formed on the right side of the back, reaching from the false ribs down to the cresta

ilei, had a doughy feeling, and, as the pains became more unbearable, the quantity of the Morphine was increased, so that he took three or four hypodermic injections during the day and a powerful dose of Chloral at night to give him a few hours' rest. In fact, he felt some relief by lying on his back, although it produced a constant and strong desire to have a stool, but the discharges always were scanty and unsatisfactory. Another consultation with the renowned professor amounted to nothing, as he only recommended a continuation of the present treatment, and ordered Quinine in 5-grain doses, several times a day, as the patient had, every evening, a severe chill of an hour's duration, followed by heat, but only partial or no sweat, but the breathing was oppressed during the three stages. Auscultation and percussion showed the region of the left lower lung dull, and the heart's sounds regular though weak. Even the professor felt puzzled to give a diagnosis, and finally the consilium fell back on a periostitis vertebrarum, which might become dangerous; the hectic state must be battled against with Quinine and Arsenic, and the pains kept down by Morphine. The relief by Morphine was marvellously instantaneous. A few minutes after the injection a drowsy state set in for a short time, and then he felt well, was free from pain, enjoyed a game of cards, and often talked nonsense.

Several weeks passed again, the patient steadily growing weaker, and showing a perfect disgust for all animal food, milk and eggs included, and it was really an effort to make him take food. As the abscess failed to point, an eminent professor of surgery was now consulted; he advised, for the present, noninterference, and told the patient that it may take several months yet before he would be relieved and the pus evacuated. This consultation was at noon, and the patient thoroughly and perhaps a little roughly examined.

During the afternoon and evening the pains were excruciating, as if something was torn in his abdomen, and a constant desire to have stool, but, notwithstanding a large dose of castor oil had been administered, no stool followed. During the night bilious vomiting, with a fæcal smell, set in, and at a very early morning visit the attending physician introduced his hand deep into the anus; and by manual extraction brought forth quantities of hard and inspissated fæcal matter of a most penetrating stench, with great relief to the sufferer. All pain had vanished, and so had the swelling, even strong pressure showed only the tender spot on the vertebra, and all other

parts felt normal. Cold-water injections stimulated the enlarged gut for continued contractions, and the castor oil now began to act. Every stool, and there were many of them, contained quantities of pus and fæces, and the threatening collapse could only be averted by large and repeated doses of stimulants. From that day no febrile excitement any more; the temperature, which was 39.5 R., is now nearly normal, and the pulse, which during the collapse became filiform, is hardly more than 80, but without volume—a *pulsus-parous.*

Natura sonat, said that eminent teacher of surgery, adhesions must have formed between the abscess and the intestines; thus the rupture allowed the most favorable place for the evacuation of the pus; and it is to be wondered that this adhesion must have been so thorough as to prevent any escape into the peritoneal sac with a fatal peritonitis. May not the vertebral irritation have been produced by constant pressure of the inspissated fæces on the vertebræ and on the nerves emanating therefrom? *Quien sabe?* To err is human; to acknowledge an error most praiseworthy!

The recovery of the patient is still doubtful. His doctors put him on ferrum pomatum and liquor fouchere; but the stomach rebelled against such treatment, and they had to change it to pepsin-wine and vinum rhei,—mere subterfuge!

And this is allopathic diagnosis, prognosis, and treatment in one of the most renowned universities of Germany, which boasts of its great erudition.

It is an acknowledged fact that, several years ago, a physician of large and lucrative practice suffered similarly for a long time, and, though attended by the heroes of the school, only the autopsy revealed the cause of all his suffering—a *neglected coprostasis.*

Several weeks of my vacation I gave to this case, as the patient is the husband of my niece; a man, whom I highly esteemed for his noble qualities, and my presence was a consolation to the poor wife. Could homœopathy have done better? I do not know, but with Lycopodium and Silicea my hopes would be raised to accomplish more than with morphine and quinine. Would the application of remedies to symptoms have solved the diagnosis? I do not know, but it set me to thinking, and it taught me how much is necessary to become a good and thorough physician, and it showed me that palliation of pains may be necessary, but it will always be the *ignis fatuus,* which leads us astray.

Homœopathy has still only a poor chance in Germany, though its patrons are many. They need more physicians, and even the sons of homœopathic physicians turn to that side where the loaves and fishes are! Does our Materia Medica frighten them? I am sorry to say that the physicians of our school, which I have so far met, are low dilutionists, and still those who use the higher ones enjoy the most practice.

Next week is the meeting in Hamburg, and your old contributor will then give you his impressions. S. L.

CASES FROM PRACTICE.

BY H. B. SLEIGHT, M.D., NEWARK, N. J.

(Read before the Essex County Homœopathic Medical Society.)

I. Mrs. T., aged 40, well built, sanguineous temperament. Since her twentieth year, when her first child was eight months old, she has been subject to such paroxysms as are described below. Formerly of infrequent occurrence, they have, of late years, gradually increased in violence and frequency, while for a few months past she has been in constant fear of them, having one or more a week. She has been treated by various physicians and long. Beginning, without any assignable cause, with a full feeling in epigastrium, there succeeds an aura running up one or other arm, with blackness before eyes followed by photopsia and diplopia. Then there is a "glimmering" before one or other eye; it starts at the outer, and proceeds *via* eyebrow to inner canthus where it remains.

After a short interval a numb feeling begins either at side of one-half tip of tongue, or at tips of fingers; but, at whichever of these two places it begins, it goes to the other, and is felt in upper half of one side of the body, head and tongue, accompanied with blueness of the skin and a sensation as of cessation of circulation. For half an hour or more this continues, the patient being in a state of extreme anxiety. Active friction restores circulation. The "glimmering" occurs on one side, the numbness following on the other.

But the seizure does not end here; great nausea succeeds, and violent vomiting, first of ingesta, then of an extremely bitter yellow fluid, then of a black and very bitter fluid which relieves the retching, gradually ceasing, and the exhausted patient sleeps.

Mental confusion follows for two or three days; she is fearful and uneasy as if she would go crazy, has horrid dreams. During the paroxysm there is "trembling" of and such violent

palpitation at the heart, that its action may be seen through her clothing, and is felt all over the body.

After prolonged questioning for a cue it was found that she was very subject to vertigo; riding, seeing one swing, etc., causing dizziness. This led to the prescription of Cocculus Ind., which, though given with doubt, was followed by the very happiest effect; only one abortive seizure has since been had, and that was quite three months ago.

Her eldest child, a daughter, is subject to the same attacks.

I have ventured to call this a case of angina pectoris, for, while it differs materially from the usual symptoms described under this disease in the books, the manifestations of this neurosis are so protean, that the name seemed sufficiently comprehensive to include this case.

Besides this there was very prominently exhibited the peculiar anguish of this malady. While pain, as such, was denied by the patient as the cause for her seeking relief, there was very prominently displayed, what Latham has described as the distinctive, pre-eminent characteristic of angina pectoris, its "indescribable unbearableness," intense anguish, and after the paroxysm profound dread of another, a dread which was seen in the patient's face.

II. Mrs. C., æt. 55, widow, tall, thin, leuco-phlegmatic temperament. Subject to sick headaches since girlhood; they always last three days, one or two of which days are spent in bed. Are often caused by anxiety, often occur without known cause.

Headache begins with great nausea; efforts to vomit are ineffectual. Then stinging pain begins at nape of neck, comes over ear to right eye, a large swelling occurring at outer angle of eye, the eye being the seat of intense plunging and constant pain. Must go in a dark and very quiet room, where she sleeps "cat-naps." Entire forehead is cold, and must be kept wrapped up warmly, much heart-burn. Eructates until "tired out." So despondent, discouraged, and ready to die.

After receiving several medicines, *Silica* was given, upon eliciting the symptom "cold forehead," etc., with entire success, no headache occurring since four months ago.

FOUR CASES OF ARTHRITIS.

BY J. W. CRUMBAUGH, M.D., HOCKESSIN, DEL.

FOUR cases of arthritis have engaged my attention during the past two years, and as they are of more than usual interest I report them here.

The first case was that of a maiden lady of 40, who for the past twenty-two years had suffered from a chronic rheumatism of small joints (ankles, wrists, toe and finger joints), resulting in winter-time, and occasionally at other periods of the year, in absolute loss of motion and power. There was no menstrual derangement whatever. General health was good. The only symptom of importance, laying aside pathology, was, that the pains were greatly aggravated before a storm, better during and after eating. Rhododendron, in mother tincture, was my first prescription. On this she continued a month, and thought herself improved, considering the time of year (fall). I determined then to alternate Rhodod. with Ledum. For this I had no reason other than the drug's elective affinity for the small joints. At once there was perceptible improvement, and for the first time in years she was able to wear leather shoes. Rhodod. was dropped after two months of alternation. This resulted in checking of progress, and so, after a month of Ledum alone, the alternation was resumed and continued to the complete cure, which resulted about three months since.

Another case of rheumatism was that of a little girl, 7 years old, who had been a sufferer for twenty-two months with a subacute form of articular rheumatism. The joints throughout the body had been involved, much enlarged and stiffened by fibrinous deposits; the small joints first, and to a greater degree than the large ones. The heart came in for full share of the poisonous influence, as was shown by its harsh, rasping sounds, irritability, and by the attacks of pain to which it was subject. The temperature from morning to evening varied from normal to 102°; the pains generally being shifting in character, and the patient properly constituted. *Puls.*, θ in material doses was the first prescription. A few days, strange (to me) to say, the pains settled in the small joints, and about the heart. I then alternated Kalmia lat. θ with Puls. for two weeks. The cardiac distress at this time was much lessened, though I could discover no appreciable difference in sound.

Rhodod. and *Ledum* comprised my next prescription, in fact has constituted the treatment of the case up to a few weeks since, when she was discharged as cured of joint-trouble, but not of cardiac lesion. I may mention that during the treatment of this case daily sulphur baths were taken, followed by friction and movement.

Case third, now in hand, is a young lady of 25, who had been bed-ridden for eighteen months at time of my first visit. Hers was a well-marked case of rheumatoid arthritis, except

in one particular, and that was the presence of erythema simplex instead of the nodose variety. There had been entire suppression of menses during illness. Morning temperature was normal, that of the evening was 102°–104°. Pain shifted, and came in shocks. A number of remedies were tried with no avail, and the mention of which would doubtless display ignorance. Finally, I settled on Rhodod. and Ledum with very satisfactory results. Massage and Swedish movement daily by a professional, following sulphur bath, constitutes a very important factor in the treatment of this case. The lady at present is able to be up, walk with little assistance, has played some on her piano, is gaining flesh and strength rapidly, temperature remains normal, pains decreasing though still bothersome from evening on till midnight, necessitating the use of Can. Ind at times, but generally acknowledged by the profession and laity to be on rapid way to health.

The fourth and last case is merely a repetition of the previous one, barring difference in age, and a variation of some of the minor details. The age of this patient is 67. In conjunction with the rheumatic gout she has daily returns of a severe supraorbital neuralgia, lasting from 4 P.M. till midnight. I have not been able to relieve her from this, except temporarily by Can. Ind. The enlargement and immobility of joints, with the accompanying pain, is gradually disappearing under Rhodod. and Ledum.

ACUTE YELLOW ATROPHY OF THE LIVER.

BY J. G. STREETS, M. D., OF BRIDGETON, N. J.

I recently had occasion to assist at the post-mortem examination of a young married woman, aged thirty-two years, the cause of whose illness and death had been somewhat obscure.

Her menses appeared for the last time in the latter part of January, and she was supposed to be pregnant. Some weeks later, after dietetic indiscretions, she was taken quite sick, and was reported to have gastritis; at any rate, she had, from this time until the fourth day of June, very persistent vomiting, and in the early part of her illness some jaundice. She was very much constipated, and suffered also from insomnia.

On June 4th, the vomiting suddenly ceased, and she took considerable solid food with relish and retained it. On the 6th, it was noticed that she was delirious. Indeed, the delirium seemed to come on as soon as the vomiting ceased, but as it was

increasing Dr. Jas. H. Moore, of Bridgeton, was called in consultation with her attending physician.

The idea of pregnancy had, at this time, been abandoned by her physician and her family. On the 6th of June, the date of Dr. Moore's visit, he found her with a temperature of 101½°; pulse 90°, soft and compressible. There was no abdominal tenderness complained of, but the doctor thought there was a diminution in the extent of hepatic dulness. She answered his questions rationally, but was inclined to be silly and laugh at everything, and would immediately lapse into the delirious state, which was also accompanied with restlessness and throwing of the arms about. This state deepened into a coma, in which she died thirty-six hours afterward.

Dr. Moore's opinion differed from that of her previous physician. He believed her to be pregnant, and suffering from some serious affection of the liver. Mentioning the case to me the day after he had been called in consultation, he expressed his apprehensions of acute yellow atrophy of liver. I replied that I thought the absence of jaundice fatal to such a diagnosis.

The post-mortem was made the day following the death, and was held rather to determine the disputed point of pregnancy than for any other purpose.

On exposing the abdominal cavity she was discovered to be pregnant, between the fourth and fifth month of utero-gestation. The intestines all had an icteric stain, and the liver was found reduced two-thirds its normal size.

The pathological specimen which I exhibit here to-day is a liver removed at the autopsy of a case which presented, in a marked degree, all the symptoms characterizing that peculiar disease known as *acute yellow atrophy of the liver.*

I first saw the patient March 8th, 1879. She was thirty-six years of age, and, as I was informed, had been addicted to immoderate indulgence in alcoholic stimulants. At this visit, there was already considerable jaundice, apparent chiefly in the yellow-colored conjunctiva. She complained of headache and nausea, had a coated tongue, and was constipated. She had only been feeling unwell a day. Nux vom. was given her. The next day showed no special change, save an increase in the nausea, and in the icteroid hue of the skin. She was still about the house; there were no remarkable symptoms to attract even serious attention, or to indicate impending danger. Thus the case progressed until the evening of the 14th of March, when, attempting to go up stairs, she staggered and fell in the hall unconscious. She was delirious from that

moment on, began at once to have hæmorrhages from nose and bowels. The *toxæmic period* had begun. Frequent ejection of the black, grumous blood like "coffee grounds" from the stomach, with repeated hæmorrhages from the intestinal canal and nose; teeth and tongue dry and covered with black sordes, fetid breath, pulse frequent and small, restless, jactitation, and delirium, followed by stupor and deep coma ended the scene on the 16th, less than two days after the toxæmia manifested itself, and about the eighth day of the disease.

At the post-mortem, the dark yellow hue of the jaundiced skin was visible on all parts of the body, and also on the internal organs. The liver, when removed, was found to be shrunken to one-fourth its normal size, and weighed but fourteen ounces. It was soft and of a dark yellow hue. The capsule was puckered and wrinkled, and the spleen congested.

Acute yellow atrophy of the liver is a rare disease, and is, moreover, I believe, liable to be overlooked. Its frequent association with pregnancy, particularly in primiparæ, should always be remembered, and may account for some obscure and fatal terminations of life in those conditions.

While jaundice is a symptom regarded as of necessity always present, there is certainly a possibility of the disease causing death by its malignant influence upon the nervous system before the cell disintegration should be extensive enough to suppress the secretion of bile, for this must undoubtedly have been the result in the instance first related.

The nature of the morbid processes leading to the diminution of the liver is yet unsettled.

Frerichs, in his classical work on *Diseases of the Liver*, says: "Acute atrophy of the liver belongs to those obscure processes as to the nature of which various opinions may be advanced, without it being possible for any one of them to obtain a general acknowledgement. The fact of the disappearance in a few days of one-half or one-third part of the original volume of a large gland abounding in blood without any alteration in the bloodvessels leading to it, has a complete analogy in no other disease."

The theory generally accepted is that it is an acute, diffuse parenchymatous inflammation, terminating in a rapid and complete destruction of the hepatic cells throughout every portion of the gland.

In place of the disintegrated cells there is found, under the microscope, a quantity of brownish, fatty, granular matter, mixed with pigment, fat globules, and needles of tyrosin and

leucin, or else isolated cells loaded with fat or pigment are discovered.

The mounted microscopical specimen herewith exhibited shows very plainly these changes and cell destruction, and was prepared from the liver of the last case.

GNAPHALIUM.

BY W. McGEORGE, M.D.

(Read before the West Jersey Homœopathic Medical Society, May, 1885.)

Not having any report or papers from any member of the Bureau of Materia Medica to present to you to-day, I ask your attention for a few minutes to the merits of a new acquaintance to some of you, trusting in time it will assume that place in your confidence which its merits deserve.

In many houses among the colored people, and in many baskets among herb gatherers, in the fall of the year, I have frequently seen bunches with white blossoms, and in many fields not over-fertile, I have seen acres of this same plant familiarly known as "life everlasting." It is to this plant I ask your attention, because it promises to be a remedy of no mean value in certain forms of dysmenorrhœa and sciatica.

The provings of *Gnaphalium polycephalum* and of *Gnaphalium aliginoids* are not extensive so far, and fail to show the true sphere of this remedy. In Hering's condensed *Materia Medica*, only one prominent symptom is given of its use in sciatica, but that is a reliable one, and worth remembering. In Hale's *New Remedies* and in Allen's *Encyclopædia*, many symptoms are given, but, in neither book can we find any indications for its use in dysmenorrhœa.

Inquiring among the negroes, why they use it and what it is good for, they reply it is good for colds, fevers, and night-sweats. When their friends are dying with consumption, it is said to ease their cough, and make them rest better. One young man told me it cured his chill, when other medicines (including quinine) failed. A great many Caucasians as well as Africans use it for night-sweats, and often with good results. One of the provers in Allen's *Encyclopædia* records "night-sweat," and in certain forms of night-sweats, following or caused by debility, it may prove useful. In the night-sweats, which are so troublesome to people with malaria in their systems, it may prove valuable. I have no clinical experience to corroborate this suggestion.

Careful questioning fails to elicit any use of this drug in menstrual difficulties by the common people.

From the provings we find that the headaches are relieved by bathing head in cold water (Allen), and a furred feeling of tongue is removed by thorough washing with cold water. There are neuralgic pains of an intermittent form in superior maxilla (both sides).

Diarrhœa with colicky pains in bowels, or copious diarrhœic discharges preceded and attended with nausea, pain and rumbling in the bowels, attended with much prostration.

Dr. Banks gives "sensation of fulness and tension in the bladder, even when it has just been emptied." In a case of irritation at neck of the bladder in an old man, who was compelled to urinate every hour on account of the distress and fulness at neck of bladder, *Gnaphalium* gave no relief, the troubles necessitating an effort every half hour in order to have the least relief. As this case was attended with a neuralgic pain extending from left testicle to the anterior superior spinous process of the left ilium, I had hoped for some relief, but obtained none.

One male prover records erections awaking him at night and in morning, and another prover, increase of sexual passion, but the female provers give no symptoms observed on uterus, ovaries, or external organs.

Dr. Banks gives "sensation of weight in the pelvis." This is a good symptom. There is also a sensation of fulness in the pelvis, which is very marked.

In dysmenorrhœa, when the menses are scanty and very painful the first day, it is certainly useful. Whether this painful condition results from pelvic congestion, or from irritation of the nerves, I am unable to say; pathologically, I cannot determine, but of its power to relieve the distress, I have the most pleasing proof. In a lady, aged 32, who had always suffered with painful menstruation, when, of late, they were scanty, dirty-brown, or chocolate color; the first day or two, the pains being very distressing, *Gnaphalium* θ, poured over some pellets, a dose every two or three hours for two days, entirely removed the pain in pelvic region, established the flow nicely, but did not relieve the fulness in head. Next time, one or two doses were sufficient to relieve the pain, the color was improved, as well as the quantity of the discharge. Another case, in a young woman, aged 19, who had the pain and distress, but no flow. *Gnaphalium* θ, three doses, brought on the discharge next day, and entirely relieved her from pain.

Dr. S. T. McShane, of Carmich, Indiana, in the *Medical World*, gives an interesting case of dysmenorrhœa, cured by an infusion of the leaves, and cites several others, but says *Gnaphalium* will do no good in cases of ante-flexion. I can neither confirm nor deny this observation, but, in the case of a young lady, aged 21, who has suffered from uterine displacement and "curvature" for some time, who has terrible suffering at every menstrual epoch, and who had been taking some medicine for months from a specialist for this very purpose, with only indifferent results, the *Gnaphalium* worked very well, and she had a very comfortable period.

To those members who make gynæcology a specialty, I would ask for cases on this very point, at the next meeting,

Comparing *Gnaphalium* with Xanthoxylon (prickly ash), Caulophyllum (blue cohosh), and Podophyllum (may apple), we find the following symptoms:

Xanthoxylon has ovarian pains extending down the genito-crural nerves; dreadful distress and pain; headache; menstrual flow too early and profuse; pains down the anterior of thighs; neuralgic dysmenorrhœa; chlorosis; excessive weakness of lower limbs. It acts upon the nervous system, mostly upon the sensory nerves, but causes a marked depression of vitality, a non-reactive state, hence its use in chlorosis, neuralgia, where there is sensoral and bodily depression. It is said to be useful for chlorosis in young women threatening to run into consumption, but my experience does not confirm this suggestion.

Caulophyllum has sensation as if uterus was congested, with fulness and tension in hypogastric region; painful menstruation, the flow being normal in quantity; spasmodic dysmenorrhœa; spasmodic intermittent pains in bladder, stomach, head ligaments, groin, even in chest and limbs, congestion and irritability of uterus, scanty flow, etc. It is used by some physicians to force on the menses where there is irregularity in the periods, especially in consumptive patients; for this purpose, one drop of the tincture being given every hour until the flow is established, and then stopped. *Caulophyllum* will sometimes bring on the menses, when *Pulsatilla* fails, in cases where the patients say they have got their feet wet just before the period.

Podophyllum has pain in region of ovaries, especially the right, also when extending down the anterior-crural nerve, < when straightening the legs; also, suppressed menses in

young females, with bearing down in hypogastric and sacral region, with pain from motion, better lying down.

In the chest, the pains are of a darting nature, from side to side—so Dr. Banks records. In the back there is numbness of the lower part, with lumbago.

In the superior extremities, there is a feeling of debility in the arms, as if incapable of raising the lightest weight; also, pains of a rheumatic character in the elbows and shoulders. It is highly recommended by some physicians in rheumatism, but for a rheumatism in the arms, in my own case, from exposure to cold, I did not obtain much relief.

In the inferior extremities, there is a feeling of numbness, occasionally taking the place of the sciatica, and then exercise on foot is excessively fatiguing (Allen). *Intense pain along the sciatic nerve*, which is continued to its larger ramifications. "The sciatica was only produced on myself (Dr. Banks). General Norris, who was suffering from an attack of that disease when we began our provings, was, in a few days, completely cured of it." Frequent cramps in calves, cramps of the feet, especially when in bed. Gouty pains in great toes.

These are all reliable symptoms. The first use I ever made of *Gnaphalium* was in sciatica. A young, active man, aged about 27, but very short in stature, while working in a brick-yard, in August, 1882, was engaged in wheeling heavy loads of clay from the pit to the moulding-bench. While wheeling a load, the barrow slipped off the plank, and nearly upset, to prevent which he struggled hard, and succeeded in saving his load, and straining his left hip. He became helpless shortly after, the pain soon assuming the nature of sciatica. In spite of the care and skill of an allopathic physician, he remained helpless for six months, only receiving temporary relief while using certain medicine. He said the pain was a kind of burning in the inner and posterior part of the middle third of his left thigh, running up to the hip-joint, and a little above or beyond it; if he drew his leg up in a certain way, it would always cramp him in this place. Even in his sleep, if he drew that leg up, he would wake up with this cramp; it was always worse in damp weather, worse than in cold weather; he never felt it below his knee, and it was always aggravated when lifting too heavy. This was his condition when I first gave him *Gnaphalium*. Some pellets, saturated with the tincture, a dose every two hours. In two or three days he was relieved; in a week he could walk with his crutch, in two weeks with a cane to

steady him, in three weeks he could do light work, and in less than a month he was able to do any kind of work as well as ever. I have kept track of him, and a year ago, when working in an icehouse, he felt a little twinge of the old pain. I gave him some more medicine, and in a day or two he got all right, and in a conversation I had with him, two days ago, he says he has remained all right ever since. He says, further, in summer time he never feels any pain, but cold weather affects him, although he never has to give up. In this form of sciatica, I think Gnaphalium bids fair to be useful, but this hint I obtained, a couple of years ago, from an article in the HAHNEMANNIAN MONTHLY.

A SEVERE CASE OF SCROFULOUS OPHTHALMIA OF BOTH EYES.

BY DR. G. PROLL OF NIZZA.

(Translated from the Allg. Homöop. Zeit., by Horace F. Ivins, M.D., Phila.)

JOSEPHINE M., 5 years old, a German girl belonging to a working family, was referred to me last winter. She complained of nearly all the symptoms to which the text-books refer as belonging to this affection. She had suffered in this way for a whole year. The mother said—and I convinced myself of the facts—the child lay and slept on her face nearly the whole day, the eyes deeply buried in the pillow. The affection, the mother thought, arose from living in a damp, newly-built house. She further said, that in the summer of '83 she went with the child to the clinic of a celebrated oculist on the borders of France; but the child was examined so harshly, almost roughly, that it could not be induced to go to the clinic after the second visit; and the mother, as she said, preferred to allow the child to remain in its sad condition rather than have made of it a further martyr.

During the treatment, the mother was sent from the room. This only annoyed the child and increased its crying. The little one was harshly spoken to and the eyes were forcibly opened with instruments (at each visit) and syringed. After this treatment the condition was aggravated for several days when the attempt was made to give relief by means of salves and eye-water.

Thus I found the otherwise lively, sweet girl; with lowly drooping head, and eyes only opened momentarily in order that some object might be grasped.

The thin cheeks showed numerous excoriations which proceeded from the contact of acrid tears. In order to banish the fear of the examination and to awaken confidence, I showed the curious child several little playthings, then my pocket medicine-case (such a one she had never seen), which at the beginning she merely touched: but gradually she inspected with half-open eyes, the interior. I did not yet, however, look into her eyes, in order not to forfeit her trust, and it was not until the third visit that I even attempted it from a distance; at that visit I took with me some homœopathic vials which she considered rare. I held them on a level with her eyes whereby she was forced to separate the lids in order to see them; in that way I had no difficulty in obtaining a momentary view of the condition—nor had I on my subsequent visits—as follows: "The edges of the eyelids were red. Eyes were brown, and the lids were spasmodically opened and closed. Both corneæ were moderately clear. A small vesicle was situated between the contracted pupil and the edge of the cornea which appeared as though punctured with a needle armed with red silk, and being cut off allowed the silk to remain—veins."

Later I could also observe the redness and swelling of the conjunctiva of the lids. These symptoms were all found in the left eye in a much *milder* degree than in the right.

The *cheeks* were pale; the *nasal* orifices, especially the right, red and excoriated; *tongue* coated white; *breath* offensive; *appetite* only for bread and potatoes; *thirst* slight; *abdomen* moderately hard and swelled. Stool, urine, perspiration, and pulse normal.

I prescribed Bell. 6 dilution every two hours during the day and Merc. sol. 6 trit. evenings, and ordered meat, soup, a little fresh vegetables, and toasted bread. As only slight improvement followed after three days, I gave the 3d cent. trit. of Aethiops antimon. every three hours. A small quantity to be laid on the tongue or, still better, under it until melted. By this method the medicine appears to be more speedily absorbed by means of the salivary glands than when taken into the stomach.

It is my belief that the Aethiops antimonialis or *Mercurius stibiato sulphuratus* is not yet proved *lege artis* homœopathically; but after the authentic recommendation in homœopathic journals, for similar eye affections, and after a comparison of the pathogenesis of Mercury, Antimony, and Sulphur, I con-

cluded to venture a digression from the fundamental law of homœopathy and give the medicine.

The result confirmed not alone in a brilliant manner the recommendations alluded to, but made more striking the saying *ex usu in morbo ;* and goes to show that the oldest medicaments should not be thrown away unproved.

Even on the following day a remarkable decrease in the photophobia was noticeable; the child slept less during the day, did not lie so much on its face, played more than formerly, which it had only done at times during the evening. From that time the improvement was marked daily; the child became lively and talkative, and allowed one to look directly into its eyes. I noticed then a decided decrease in the vascularity, as well in the conjunctiva covering the lids as of that (and especially) covering the ball; the lachrymation grew less; the excoriation of the cheeks and the nasal orifices decreased; and at last the child walked in the corridor during the day, and in the evenings went into the streets and examined various objects. It did not rub the eyes so much and the appetite improved.

I gave the medicine twice a day only, after the improvement was at all marked, and soon but once during the twenty-four hours. The ulcer was early noticed to decrease. Eight days from the time the Aethiops ant. was first given one would have scarcely known the patient, who played all day with open eyes. In eleven days, the mother brought the child quite a long distance in the dazzling sunshine, with only a blue veil over its face instead of the shade which it had previously worn over the eyes; and fourteen days from the beginning of the Merc. stib. sulph. treatment, the eyes were well with the exception of a slight scar on the right eye, the result of the ulcer, and which gave her no annoyance. The left eye was well sooner.

On the eleventh day I stopped the Merc. stib. sulph. and gave a dose of the 6th trit. of Sulph. in the evenings.

On the fourteenth day all medication was discontinued. The parents then departed with their child much pleased.

In a second, similar, case—that of a boy (blonde), six years old—in which, in spite of the instillation of an atropine solution, and the employment of many allopathic remedies by one of the professors at an eye clinic in a large city, a small vesicle surrounded by vessels still remained at the edge of right cornea. On the right cheek were many excoriations and an eczematous condition.

Graphites, 6th trit., was to be placed on the tongue three times a day. The child was well in fourteen days. On the eighth day an improvement was marked; from that time the remedy was given but once daily—mornings.

I chose Graphites partly on account of the eczematous affection of the skin and conjunctiva, and partly on account of the Graphites constitution of the boy. On the eyes and skin, Jahr says, Graph. very often shows itself in the form of a swelling as in the case of a sting by an insect.

CORRESPONDENCE.

LETTERS FROM DR. LILIENTHAL.

HAMBURG, August 9th, 1885.

Here I am, in this large metropolitan city of half a million of inhabitants, to be present at the meeting of the "General Versammlung des Homœopathische Central-Verein Deutchlands," and I am happy to make the personal acquaintance of some of our best men in the old fatherland. There is old Kunkel, of Kiel, Fischer and Windelband of Berlin; and, of the younger members, Ide, of Stettin, and Hesse of Hamburg, who only a few years ago were members of the old school, but are now strong adherents of the law of similars. The Swiss Confederation has also sent some of its stoutest defenders, and though the meeting cannot be considered a large one, still they make up in quality what is wanting in numbers. It is a curious fact that there is so much classship. Southern Germany does not send its full quota when the meeting is so far north as Hamburg; and last year at the meeting at Lausanne, in Switzerland, the reverse could be observed. Hence the conclusion was arrived at to meet, in 1886, at Munich, a city well known for its homœopathic representatives—I need only mention Quaglio, Koeck, Fuchs, and others. A city rich in works of art, and where excursions invite the wanderer to many interesting points.

It strikes an American citizen as queer to attend a business meeting on Sunday. In accepting new members they enforce a full endorsement of two members, though laymen can be also accepted as members. The financial standing of the society is so well established that they are able to aid poor students who wish after a while to become homœopathic physicians; and it is a well-known fact that many good places clamor for ho-

mœopathic physicians and there are hardly any to fill these places.

The society owns a library of nearly three thousand volumes, and English and American homœopathic literature is only poorly represented there. It would be a good thing if our publishers would be liberal enough to send one copy of each work issued by them to the library, where our Hahnemann tarried, and where his memory is kept bright by the monument set up to his and our honor. It is true the multitude only know their own German language, but still there are many who are obliged to learn a little English, on account of the travelling public, and when they become more acquainted with our works, I am sure the publishers might sell many a copy which now lies idle on their shelves. German homœopathists do not know as much of English and American homœopathy as they ought to know, and we ought to do that missionary work for them. Though some of them aver that their large clientele does not allow them time enough to read much, nor to write their experience down for the younger generation (a general complaint all over the world, too many drones and very few working bees), and others object that there are no means on hand to make the results of homœopathic practice known to the outside world, and thus spread the gospel of homœopathy; still, a great deal might be done if their zeal for the good cause were greater than is really the case. Why is this self-interest the ruling power all over the world? What is the remedy?

Only one day for scientific exchange of ideas, and most time given to pleasure and excursions. Of this, more in a day or two. S. L.

HAMBURG, August 11th, 1885.

Veni, vidi, vici.

I came, I saw, and the American Institute of Homœopathy is the victor. It is true that the whole membership of the "Homœopathische Central-Verein Deutschlands" comes hardly up to two hundred, whereas we can claim a goodly number more. They have only one scientific meeting of three hours, and a proposal to have an evening meeting for discussion was voted down by a large majority. Our German friends know how to enjoy themselves, and they will not subtract one iota from it.

At the morning session Fischer, of Berlin, and Weber, of Koeln, presided. Among others present, deserving especial

mention, Siegrist, from Basle, and Grubermann, from St. Gallen, who represented the Swiss Confederation; old Kiersten, from Leipzig, was hailed with pleasure. Sulger and Windelband, from Berlin, buttonholed physicians for contributions to their Journal, willing to pay fifty marken ($12.50) for sixteen pages; and that your correspondent did not escape their vigilant eye need not be wondered at, as they need more light about our home institutions, and the steady progress of homœopathy in America. There were, also, Ide, of Stettin, a middle-aged man, whose only sorrow is that light dawned so late to him; like all true converts he believes in high potencies, and witnesses their good effects. Kunkel of Kiel, hale and hearty, towering over most of us, may be called the standard-bearer of homœopathy in Northern Germany, and he is looked upon as one of the standard-bearers, and known as a hard worker in the literary field. Alas! the complaint here also is, too many drones, too few laborers. Orth, of Essen, where Krupp's cannon are cast, was our Helmuth, *i.e.*, the poet of the occasion, a splendid singer and full of wit. Gross, of Magdeburg; Kulushka, of Breslau, the son of the late Gomeaky; and Schlegel, of Tübingen, with some others of the younger generation, were all who were present—some twenty-five in all. Schlegel is a thorough physician, insists upon it that the sternum needs covering all the year round, and that Jæger suits will keep all cold out, and one never is troubled by perspiration, as it is immediately absorbed; and another beauty of it is, one does not need a shirt or a collar.

After the report of the Leipzig Polyclinic was accepted, Dr. Schlegel was called on the platform and delivered an essay: Theory of Homœopathy *versus* Homœopathic Clinical Facts. Homœopathy stood still; whereas the old school cannot be called any more the old one; it is steadily progressing; holds its own steadily, by its use of palliatives, and is not ashamed to steal the armamentarium of other schools, and cowardly enough not to own up the source whence it comes. Whereas, in our ranks so much stagnation prevails, the old school holds on to its political power, and, instead of acknowledging their want of knowledge in all that belongs to homœopathy, they fling their sarcastic arrows against us; prejudice people against such unscientific medicine, against a treatment which is even against common sense. It is all wrong from our side, to insist upon facts as the great criterion; it is our duty to build upon these facts a theory which explains our facts scientifically. All our attempts in this direction were, so far, only hypotheses;

we must formulate our facts, and give them clear-cut, causal, mechanical views; we must individualize drug-action with the functions of our organism. The old school only theorizes on causes, and where they cannot be observed palliation is indicated.

A certainty in the explanation of our facts is still an impossibility, therefore a *rational probability* must suffice, and our cures are probably true ones, because we know the functions of the organs (physiologically and pathologically) and also by our proving the relation of the drug to the organism. All symptoms are deviations from nature, and similarity is only relative. Zakody, who considers the cell a composite organ, comes nearer to my views than any other author. Our duty is to study these manifestations of nature in health and disease, allow to each its regular place, and then classify our remedies according to their action on a certain organ. As we know that the cell is a complicated micro-organism, the action of our infinitesimal doses and high potencies explains itself, and even chemistry bases itself nowadays on atoms and molecules. Another question is whether molecular action in the organism and in drug action is not all based on motion.

The shortness of time forbade discussion, and only old Father Kiersten was allowed to speak and defend the facts, the healing, against all theorizing, as unnecessary (the same stubbornness to hold on to antiquated ideas, as also found in our midst).

Kunkel, and none stands higher than him, spoke about the incurability of diseases, illustrating it by cases, and explains such failures by the presence of some old poison (syphilis, psora, mercurialism, etc.), which remains undetected. The present disease has often no connection whatever with the former trouble, and in the region where he practices, malaria is often the secret enemy, and Natrum Muriaticum 200th leads them the way to improvement. One of the worst complications is a former hydrargyrosis and malaria combined. A thorough anamæsis is too much neglected in many cases, and a disease already called incurable, when it only needs to dislodge the hidden enemy. In one case the well-indicated remedies failed till the patient accidentally mentioned that formerly he suffered so much from frost-bites. Agaricus was studied over, and it was found that it covered the old and the new symptoms and a cure followed. Dr. Lesser, of Lübbeke, remained the hero of the day, and his essay on epidemic diseases and epidemic remedies deserved all the praise which

was unstintingly given. He believes that there are limits to the law of similarity, and that we have too many remedies, and none is able to study fully and to memorize their action, nor is there any need for it. *Non possumus*, and therefore the doors are widely opened to unscientific homœopathic treatment; our aim ought to be, by the aid of a thorough anamnesis, not only to find a simile, but a similium to every curable case. The incurable diseases can and must be diminished. The idea of incurability is all wrong, as different factors have to be considered, and we will find that many cases are only relatively incurable. Study your polychrests well; they suffice, and it is of more value to be intimate with a few remedies than to possess a superficial acquaintance with too many of them.

Weiss led our attention to epidemic diseases from telluric, atmospheric or other causes, and by following this author our Materia Medica can be brought down to about 120 drugs. *An epidemic drug is that one which, at a certain time, cures all acute affections* which happen then and there. Characteristic symptoms rule then all these diseases; thus, during the reign of Pulsatilla, we meet, nearly in every case, amelioration in the fresh air, aggravation in the evening, painful stitches in the ear, etc. Under such conditions, Pulsatilla will even cure a pneumonia, croup, or even diphtheria, after the failure of our remedies usually applied.

Diseased states are reactions of the organs against external noxæ (fungi, microbes, bacilli are only accidental) and we must look for the *locus-minoxis resistentiæ* which presides for the disposition to a disease, and we find it in a weakened organ. The place for a disease is therefore more accidental, and we again must find out the why and wherefore of this weakened state.

Two epidemics may alternate, and this is often the case. There are some points douloureux in every epidemic prevailing, and every remedy has also its specific points douloureux. Where we find the same symptoms with other varying ones, in nine out of ten cases, we are assured that the remedy covering these symptoms will be *pro tem.*, the epidemic remedy, the tenth case needs another drug.

As the soil is composite, so we find that every drug is composed of some organic and inorganic substance, and many of our remedies are alternated, because we have not yet found that one drug which combines them. Thus, Pulsatilla is a combination of Antimonium crudum and Ignatia. Time was

too short for the essayist to finish his interesting paper, and we hope to find it in full in the *Allg. Hom. Zeitung.*

A Fest-essen (dinner, with toasts, and a collection for the widows of poor physicians followed) and the afternoon was pleasantly spent on a journey down the Elbe, and an evening in social reunion at the Ulster Halle. Hamburg did its duty finely to its visiting physicians, and the last words of farewell still ring in my ears:

"Auf glückliches Wiedersehen in Wünschen!"

Yours truly,

S. Lilienthal.

DR. HENRY N. GUERNSEY.

Editor of The "Hahnemannian Monthly:"

I have read with deep interest the memorial notices of Dr. H. N. Guernsey, which have appeared in your columns. May I add one word to the tributes which he so much more than deserves.

It has been my privilege, occasionally, during brief stays in Philadelphia, to know something of Dr. Guernsey as a physician and as a friend, and it is as natural and necessary to express now what I felt about him, as it was to feel it then.

He seemed to me, from the first time I saw him to the last, to be one of the *best* men I ever knew. The keen intellectuality which made the basis of his powerful professional success, brought out into *alto relievo* what might be called the exquisite moral sculpture of his character.

In the sensitiveness of his sympathy, in the fidelity of his friendship, in his passionately unselfish devotion to suffering, in the patience and gentleness which never sank below the tide-mark of firmness and vigor, in all those *alleviative* qualities which the physician is in danger of sacrificing to the tonic ones (or *vice versa*), he was a man of poise, which it is right to call rare.

I cannot say anything at all of him, without recalling his singularly sweet, strong, religious life. Absolutely, it was a real life. Preeminently, his was a manly faith. To be a Christian physician, is not exactly easy, but it is memorable.

He was what he believed. He found a place in the Materia Medica for faith in God. With a tact, half inspiration, he would, if need were, turn the whole force of his personality to bring belief as a healing agency upon disease and despair. He knew when the Divine remedy, in deed and truth, was the

similimum for the case. He knew when the patient needed the highest potency.

Death makes the burden of gratitude heavy. Speech is idle reply now to his sacred silence; but it is not too much to say that the peculiar bereavement, experienced by the sick in the loss of a strong physician, and shared in this instance by so many who know that one of the props of life is gone, was never felt for the sake of a truer soul among the healers of men.

ELIZABETH STUART PHELPS.

WORCESTER, MASS., September 11th, 1885.

THE JUVENILE FORM OF PROGRESSIVE MUSCULAR ATROPHY AND ITS RELATIONS TO THE SO-CALLED PSEUDO-HYPERTROPHY OF THE MUSCLES.—Erb distinguishes two principal groups of this disease:

1. The spinal form of Duchenne and Aran, with its insidiously attacking and progressing atrophy of many muscles, especially those of the hand and shoulder; with the weakness which results from the atrophic changes; fibrillary contractions, normal condition of the sensibility, the reflexes, the sphincters and the general condition. The anatomical lesion is slowly progressive, disseminated degeneration of the anterior horns of gray matter of the spinal cord. This same form of degeneration participates in the condition of amyotrophic lateral sclerosis, and also stands in close relationship with progressive bulbar paralysis.

2. The juvenile form of progressive muscular atrophy, which begins in childhood or youth, progresses slowly and uniformly, and effects atrophy and weakness of certain groups of muscles, especially those of the shoulder, arm, pelvis, thigh, and back. It is usually combined with either true or false muscular hypertrophy, exhibits a peculiar compactness of the atrophied muscles, which show neither fibrillary contractions nor the reaction of degeneration. The body shows no defects in other respects, whether in the nervous system, the senses, vegetative organs, or the external coverings. The first and chief symptom of the disease is a weakness in the performance of certain movements, with emaciation of certain groups of muscles. The muscles of the fore-arm remain unaffected for a long time, and the small muscles of the hand and the sartorius are never attacked. The patellar reflex is retained, and usually that of the Achilles tendon. The prognosis is sometimes more favorable than in the spinal form. The disease appears to be of an hereditary character, and has been observed in several generations of the same families. If it should begin in early childhood, and no positively marked fatty degeneration should result, it may be considered a case of hereditary muscular atrophy; if early and extensive fatty degeneration should occur, however, especially in the lower extremities, the case may be considered one of pseudo-hypertrophy; these names signifying different degrees of intensity of the same disease, which also is to be sharply distinguished, both anatomically and clinically, from the spinal form of progressive muscular atrophy. This latter disease will also admit of division into two forms, one of which is progressive spinal amyotrophy, the other may be termed progressive muscular dystrophy.—*Archives of Pediatrics*, July 15th, 1885.

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☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE PHYSIOLOGY OF FATIGUE AND RECOVERY.—Among other useful enterprises in which the British Medical Association (allopathic) is engaged, that one represented by the "Scientific Grants Committee" promises much in valuable results. This Committee, under certain regulations, is empowered to furnish pecuniary assistance to members of the Association in conducting original experimental researches, especially such as require considerable expenditure of money. The chief conditions upon which this assistance is granted are, that the objects and the nature of the researches shall be understood and approved by the Committee, and that all instruments and apparatus purchased by the Society's funds, and the reports of the investigators shall be the property of the Association. Quite a number of important researches are now in progress under the auspices of the Committee, and Dr. Augustus Waller, Lecturer on Physiology in St. Mary's Hospital has recently presented a report of some experimental inquiries and observations relating to the process of fatigue

and recovery, which promises to shed additional light upon a hitherto obscure subject.

Dr. Waller used for his experiments, two simple but delicate pieces of apparatus. First, for "exploring" and recording the degree and duration of muscular contractions; secondly, for measuring and recording the intensity and duration of the stimuli by which the contractions were excited. A combination of the two served also to record the interval elapsing between the application of each stimulus and the muscular response thereto. In brief, he employed for the first-named object, a thick-walled elastic bag, strapped against the limb to be experimented upon, in such a manner that every swelling of the limb by muscular contraction, compressed the bag and caused an upward movement of the pen of a "Marey's Tympanum" resting against the vertical revolving drum of an ordinary physiological clock, thus recording both the *time* and the extent of the movements. For measuring and registering the time, intensity, etc., of the stimuli, he passed the stimulating current through a delicate galvanometer, its needle being provided with a mirror which reflected a beam of light upon a strip of sensitized paper moved by clockwork. In this description, we of course omit the precautionary details by which numerous elements of error were detected and eliminated, and the experiments rendered certain and physiologically constant in their results, and reliable in their significance.

In presenting his results, Dr. Waller first reminds us of two facts previously known to physiologists; first, that in a series of single induction-shock contractions, each succeeding contraction is diminished in degree, and increased in duration as compared with its predecessor. Secondly, he cites Bowditch's observation, that when these induction-shocks are applied to *cardiac* muscle, the result is at first an ascending "staircase" series of contractions, *i.e.*, the contractions gradually *increase* in degree or extent, instead of diminishing. It has been supposed that in this respect the behavior of cardiac muscle is peculiar, but Dr. Waller claims to have demonstrated that ordinary voluntary muscle exhibits, *at first*, the self-same property. Moreover, he shows that the tetanization (continuous contraction) of human muscle, exhibits the same gradual rise at the beginning of the experiment. Frog's muscle exhibits both these phenomena in some instances; in other instances, neither.

Now the important and practical observation made by Dr.

Waller is, that while a frog's muscle separated from the body may have its contractile power exhausted by a series of single induction-shocks (250 to 2500 in number), human muscle with its nutritive and nervous relations intact, as in the living body, is not appreciably exhausted by any number of such stimulating shocks administered at intervals of one second, but continues to respond to these stimuli indefinitely. In other words, *it does not become fatigued.* We are all familiar with the methods by which physiologists have sought to explain the unflagging, rhythmical contractions of the heart-muscle, and have wondered at its tireless persistence; but here we learn that, in this particular quality, other striated muscle is precisely like it.

Of still more importance to the practical physician, is the inference drawn by Dr. Waller, "that the sensation consequent upon prolonged muscular action, to which we give the name of 'fatigue,' is not peripheral, but central;" not muscular but nervous; "or, at least, that fatigue, commencing first in the central nervous system, is protective from peripheral fatigue." Yet the investigator does find evidence of peripheral fatigue in the continued action of tetanizing currents (*i.e.*, currents interrupted and renewed 20 to 50 times per second), for he says that if the induction-shock be administered with a frequency nearly, but not quite, sufficient to induce complete tetanus, but still allowing some little relaxation between the shocks, it will be seen that if the experiment be sufficiently prolonged, the successive contractions gradually extend their duration until continuous rigidity of the fibres, *i.e.*, complete tetanus, is obtained. This he regards as evidence that the muscle is becoming fatigued.

This view, that the sensation of normal fatigue is central rather than peripheral, is further confirmed by some comparative experiments made by stimulating the muscles of the forearm by means of normal nervous action—will-power. These experiments resulted in "a comparatively rapid and surprisingly regular diminution" of the intensity of muscular contraction, and when, at last, the powers seemed to be quite exhausted, the induction-shocks, applied to the same muscles, provoked as prompt and intense action as though no exhausting experiment had preceded it, thus showing that while the muscles seemed to be "fatigued," they were not so in reality, but the fatigue affected only the nervous system.

It then becomes interesting to learn in what particular por-

tion of the nervo-muscular apparatus the changes recognized by the sense of fatigue have their beginning. The nerve fibres are universally regarded as almost passive conductors, and, therefore, scarcely susceptible to fatigue, and Dr. Waller brings some pretty strong evidence to sustain the view that it is in the central cell, rather than in either the nerve-fibre or the stimulated muscle, that the change first occurs in normal fatigue. He cites the experiment of Bernstein (1877) to show that in a nerve-muscle preparation a tetanizing current applied to the nerve will completely exhaust (fatigue) the muscle, while still the irritability of the nerve is not appreciably affected. This seems to complete the chain of evidence that it is the central nerve-cell which is first affected by fatigue.

Following next to the exhaustibility of nerve centres, it is shown that another weak point exists at the junction of the nerve and muscle; since a muscle tetanized by a stimulus applied through its nerve, relaxes earlier than one tetanized directly, *i. e.*, by a stimulus applied to its substance; and this relaxation is proven to take place before either the muscle or its nerve is really exhausted, showing that a "block" or obstacle to the passage of the stimulus has been developed, probably at the terminal plate of the motor nerve-fibre.

Dr. Waller also demonstrates that the paralyzing effects of strychnia, curare, veratria, etc., are in very many particulars remarkably like those superinduced by the processes that result in fatigue—either of nerve-centres, nerve-fibres, nerve-termini, or muscles, as the case may be. He also shows that while, according to Helmholtz, eighteen to twenty nervous impulses per second from the spinal cord are sufficient to induce those "tetani or compound spasms" required for voluntary motions, human muscles may still show an incomplete tetanus under as high as thirty, forty, or even fifty stimuli per second, that is, "a number far above any frequency assigned to the natural or voluntary motor impulses."

It must not be supposed that Dr. Waller doubts the occurrence of muscular fatigue. He cites the beneficial effects of "massage" as undoubted evidence that the muscles do participate in the changes which induce the sensation. His experiments made by abnormally exaggerating the central motor impulses, by means of strychnia, also resulted in tracings giving undoubted evidence of peripheral fatigue.

Notes and Comments.

Safe Vaccination.—M. Straus finds that the proportion of tuberculous calves does not reach 1 in 100,000. So the danger of tuberculosis in obtaining vaccine from these animals is practically *nil*.—*N. Y. Med. Record.*

A Dangerous Word. — Why is it dangerous to utter the word "phthisis?" Because, if a man has once pronounced phthisis, he is very likely to die. We trust our correspondent will not phthisis with any more such conundrums.

Those Honest Allopathists, out in Michigan, who charge upon homœopathy and its practitioners about all the roguery there is in the profession of medicine, have honestly stolen from "the people of Michigan" a hospital for the insane, and have honestly turned it over to the use of their personal friends. An honest allopathic physician has been appointed superintendent, and has honestly accepted the stolen property, and is using it for the sole benefit of the honest thieves.

Assimilation and Dis-assimilation.—The *American Medical Association Journal* says, the physicians who washed their hands of the International Medical Congress business, and declined appointments to places of honor and trust therein, are thinking better of it, and are withdrawing their declinations. The *Medical News*, on the other hand, is printing the names of still others who are resigning. "It's a very pretty fight," and "all along" of the homœopaths.

The South ought to be occupied. If young men from that region cannot be induced to attend Northern homœopathic colleges, and if young physicians from the North cannot be persuaded to go South, then let a homœopathic college be organized in New Orleans, as our Southern contemporary suggests. But let it be a "first-class" institution, and not a mere make-believe. And let the *first* step be the erection and endowment of a general hospital, with not less than two hundred beds. The organization of all our Northern colleges, homœopathic and allopathic, was begun at the wrong end. The New Orleans hospital can be commenced at any time—say this fall and winter.

The Southern Journal of Homœopathy is the successor—or is it the continuation of?—of the *Southern Homœopathic Pellet.* It is published in Austin, Texas, and New Orleans, Louisiana. The tireless and versatile Dr. C. E. Fisher, of Austin, continues in the editorial management, with such well-known physicians as Holcombe, Kent, Orme, Monroe, Falligant, Jones (San Antonio), Dake, Green and Deady as collaborators. T. Engelbach, 154 Canal Street, is the New Orleans agent. Subscription, $2.50 per annum, *in advance.*

The editor—a man of undoubted taste—calls it "the handsomest homœopathic journal in the country." That seems to do him good, and, as it does not hurt us in the least, we will let it stand—*for the present.* It is issued in double columns, each number containing thirty-two pages, printed in clear type on fine white paper, the proof-reading excellent, and the whole appearance of the journal exceedingly attractive. It deserves a cordial support on account of its mission, and not less on account of its merits.

New Publications

A System of Medicine Based upon the Law of Homœopathy. Edited by H. R. Arndt, M.D. Vol. II. Philadelphia: Hahnemann Publishing House. F. E. Boericke. 1885.

The second volume of this work opens with Diseases of the Blood-glandular System. Diseases of the spleen are considered first, and by Dr. W. C. Goodno. This subject is one which at the best is very unsatisfactory to treat, notwithstanding which, Dr. Goodno has succeeded in making a very readable chapter, and one, moreover, of great practical value to the physician. He first gives a brief *résumé* of the anatomy and physiology of the spleen. He then proceeds to speak of matters pertaining to the etiology, symptomatology, pathology, diagnosis, and treatment of disease of this viscus in general. In detailing the therapeutics of splenic affections, the author has adopted a plan by which he has been enabled to avoid much unnecessary repetition. The various remedies likely to come into use in diseases of the spleen are given with their indications, together with the names of the diseases in which they are most frequently indicated. Then in treating of the individual diseases the remedies are merely mentioned, the reader being referred to the pages devoted to therapeutics for the special indications. The diseases treated of by Dr. Goodno are splenalgia, acute and chronic splenitis, hyperæmia, abscess, tubercle, carcinoma and abscess of the spleen, rupture of the spleen, and waxy spleen. On every page the subject is well handled. The reader cannot avoid expressing a regret that some other subject, in which the author could have displayed his ability to greater advantage, had not been assigned to him. Altogether, Dr. Goodno's work occupies thirty-four pages.

Splenic Leucocythæmia is considered by Dr. J. G. Gilchrist in an article of twenty-seven pages. We are careful in stating the amount of space devoted to each subject, as we shall show that it is not always proportionate to the importance and needs of the topic under consideration. We agree with Gilchrist that the division of leucocythæmia into "splenic," "lymphatic," "intestinal," "myelogenic," and "mesenteric" represents "a refinement in nosology that would prove more confusing than helpful in actual practice." Notwithstanding that the title of his paper is "Splenic Leucocythæmia," the author treats of the subject of leucocythæmia in general.

Dr. Charles Gatchell writes on "Addison's Disease" and on "Hodgkin's Disease." Eleven pages are devoted to these affections. The therapeutic indications are necessarily meagre. Both subjects have been well handled. The same must also be said of Dr. Gilchrist's chapter on Leucocythæmia.

We miss any reference to pernicious anæmia. This is a disease equal in importance to those last mentioned. We, therefore, fail to see why it has not had a chapter devoted to it also. Pernicious anæmia is not even referred to in the index.

Dr. F. Park Lewis treats of Exophthalmic Goitre and Bronchocele. He handles his subjects exhaustively, *not exhaustingly*, be it understood, giving

copious and well-selected references to standard literature. We must disagree, however, with the editor of the work in classifying exophthalmic goitre with affections of the blood-glandular system, as we believe that this disease should have been considered either among affections of the heart or of the nervous system. Pathologically, the disorder results from alterations in the sympathetic nervous system. Clinically, we must consider it as an affection of the heart, as that organ must receive a large share of attention in our treatment on account of its extreme liability to take on hypertrophy.

The next article, which is on Diabetes, by Dr. Charles Gatchell, covers twenty-nine pages. The subject is well handled, in fact, we may say faultlessly so.

The subject of Diseases of the Kidneys, which comes next in order, is treated by Dr. J. H. McClelland, of Pittsburgh. After perusing carefully the matter which he has thus placed before the profession, we may say that it is fully up to the standard required in a treatise like that of which it makes a part. Like Dr. Goodno, Dr. McClelland gives the therapeutic indications of remedies at the close of the sections instead of under each individual disease. Thus the therapeutics of the various forms of nephritis and of the various forms of Bright's disease are considered at the close of their respective sections. The advantages of this are obvious. Altogether, Dr. McClelland contributes about fifty pages on kidney diseases to the volume. This space he has used so judiciously as to include within it much that many others would not have found room for in twice that number of pages.

Diseases of the Ureters, comprising short notes on the various affections of these tubes, such as calculus, malformations, etc., are considered by Dr. Gilchrist.

Diseases of the Bladder are treated of by Dr. Doughty, of New York, in a manner highly creditable to him and to the great city which he represents. The chapter by Dr. Gilchrist on vesical calculi we must look upon as out of place in a *System of Medicine*, as the malady is one which calls for strictly surgical interference. In order to make a positive diagnosis of the affection even, it is necessary to employ a mechanical procedure, namely sounding the bladder.

The section on Diseases of the Male Genital Organs is opened by Dr. Arndt with articles on "Spermatorrhœa" and "Impotency," two very unsatisfactory subjects, but which we think the author has handled as well as our present knowledge concerning these topics will permit.

Dr. W. B. Trites, of Philadelphia, follows with ably written essays on gonorrhœa, gleet, bubo, hydrocele, orchitis, carcinoma of the testicle, cystic disease of the testicle, varicocele, and prostatitis. The exposition of the first of these is particularly creditable to the book, although we must object to the long array of prescriptions on page 294 as somewhat out of place in a *System of Medicine*, bearing on its title page "Based on the Law of Homœopathy." The remaining subjects considered by Dr. Trites are inappropriate to the book, as their treatment is mainly surgical, medical treatment being merely auxiliary.

The different articles by Dr. Julia H. Smith are so brief as to be without practical value. Much important matter is ignored.

Dr. Ludlam's extremely able paper on Ovarian Tumors is most emphatically inappropriate; the disease is a surgical one. The author does not paint the results of medical treatment in at all bright hues. This chapter takes up thirty-five pages, or five more pages than is devoted to all of the diseases affecting the brain and its membranes.

Menstrual Derangements and Uterine Displacements are admirably explained by Dr. George W. Winterburn, the able editor of the *American Homœopath*. His therapeutic indications deserve particular mention, as they are detailed with unusual clearness. They are plainly such as have withstood the test of his experience, not merely those that have been copied from book to book without any attempt having been made to attach to them their proper clinical value. Again, we have to object to the entrance of this author into the domain of surgery, when on page 413 he describes the operation of elytrorrhaphy.

The sections on Retro-uterine Hæmatocele, Pelvic Cellulitis, and Uterine Cancer are from Dr. Ludlam's pen, and we may add they are finely written, as one might expect at the hands of such a distinguished author.

We now come to the part of the work devoted to Diseases of the Nervous System, and we may say much of the material is so poorly presented as to make it practically valueless to the reader. To particularize, Dr. J. Martine Kershaw, of St. Louis, considers all the diseases of the brain in thirty pages, one-third of which is devoted to hyperæmia and anæmia of the brain, pathological conditions, the actual existence of which is denied by high authorities. The definitions of the various diseases are anything but correct, *e.g.:*

"Pachymeningitis. By this term is meant a meningitis secondary to inflammation of the bone, one of the common results of injury to the head."

We have always considered pachymeningitis to mean an inflammation of the dura-mater. But, according to Dr. Kershaw, any inflammation of the meninges, even if dura-mater, pia-mater, and arachnoid are all involved, constitutes pachymeningitis, providing it arises from inflammation of the bones. Ostitis becomes, according to him, a necessary factor. How, we may ask, does he account for the case of pachymeningitis arising from cranial fracture unattended by bone inflammation? Again he says that this inflammation is one of the common results of injury to the head, leading the student (and this book is to be placed in the hands of students) to believe that that also is necessary to the production of pachymeningitis. In the next paragraph, however, he shows that this is not his meaning, by stating syphilis and cancer as causes of the disease.

Under the symptomatology of the disease he says: "If the retina be examined with the ophthalmoscope, its vessels will be found tortuous and swollen." This assertion is made very sweeping; yet it is true in only a part of the cases, and not a large part at that.

Other definitions, while not quite so bad as that just given, are still far

from what they ought to be. The symptomatology of the various affections is given so briefly that we must express a grave doubt if any one, after reading the descriptions of the diseases, has his diagnostic acumen increased thereby. Syphilis is not mentioned as a cause of thrombosis of the cerebral arteries. Yet it is the most frequent cause of that condition in young adults. Convulsions are not mentioned under the symptomatology of cerebral tumors, although one of the most common symptoms. The existence of such a thing as the possibility of "cerebral localization" is not hinted at. No differential diagnosis between apoplexy and pseudo-apoplexy is given. And so we might go on showing the imperfections of the work.

The section on Diseases of the Spinal Cord is written by Dr. Charles P. Hart, and it too, is in sad need of criticism. The description of the manner of obtaining the patellar tendon reflex will not benefit him who had previously known nothing of the subject. He who in obtaining the ankle-clonus follows the author's directions, will fail in his object in many cases in which that condition exists. "The ankle-clonus is produced by extending the knee and then pressing quickly, firmly, and continuously against the anterior portion of the sole of the foot." This does very well when the phenomenon is very marked. In other cases, however, it is necessary to have the leg slightly flexed at the knee before we can obtain it. This is important.

When speaking of posterior spinal sclerosis, the clause "if the optic symptoms become more and more marked, as the disease extends upwards along the cord," implies that the ocular symptoms depend upon the height in the cord, to which the disease has ascended, by no means an established fact. We have seen cases of tabes with the spinal lesion confined to the lumbar cord and the ophthalmic symptoms marked, and others with evident involvement of the cervical region with absolutely normal visual organs. The true relation between disease of the eye and degeneration of the cord is as yet unknown.

The following quotation we cannot criticise. We do not understand it.

Systemic or systematic lesions are divided into "(*a*) lesions of the *æsthesodic system*, and (*b*) lesions of the *kinesodic system*, terms signifying respectively the *sensory* and *motor* tracts of the cord. Each embraces several distinct parts of the spinal cord, the former including the columns of Goll and of Burdach, or the entire antero-lateral columns and the anterior horns of gray matter, and the latter or kinesodic system, embracing the lateral columns and the columns of Türck or the posterior columns and the posterior horns of gray matter."

The prefix "re" instead of "oc," on line 20, page 582, changes the whole meaning of the sentence in which it occurs.

We look upon "anæmia of the antero-lateral columns" and "anæmia of the posterior columns" as refinements in diagnosis which cannot be applied in practice.

In speaking of the prognosis of acute spinal paralysis of adults, the author says: "So long as they (the muscles) respond to either the primary or in-

duced current, the prospect of recovery may be regarded as favorable." Aside from the rhetorical error in the above, there is another of fact. In the most aggravated cases of acute atrophic paralysis, the reaction of the muscles to the primary current is increased. Does this speak for a favorable prognosis? Our author would lead us to suppose such to be the case.

Again we may point out a glaring inconsistency on the part of the editor. Acute atrophic paralysis of adults is properly considered under diseases of the spinal cord. Acute atrophic paralysis of infants, which has exactly the same pathological basis, is treated as a disease of the peripheral nervous system, while progressive muscular atrophy, which also depends for its existence on disease of the ganglion cells in the anterior horns of the cord, is classed with diseases of the motor apparatus, along with rheumatism, joint diseases, Potts' disease of the spine, etc.

The description of locomotor-ataxy would have been acceptable ten years ago; but at the present day is anything but complete. How could it be expected to describe the symptoms of such a disease in a little more than one page? We find no mention of the Argyll-Robertson pupil. The true value of Westphal's symptom is not appreciated. The diagnosis and therapeutic treatment of the affection are no better described than its symptomatology.

The section on Caries of the Spine is out of place. This is a surgical subject. The same is to be said of spina bifida.

Other criticisms on the Diseases of the Spinal Cord may be made. Let it suffice to say that the author largely speaks on the authority of others, relying but rarely on his own experience.

This same criticism may be made of the work of Dr. Worcester, to whom was assigned the sections on Diseases of the Peripheral Nerves. We would hardly expect neurasthenia to be classified under this head, yet such is the case.

Gelsemium is recommended for paralysis (peripheral) of the seventh nerve when there is "paralysis of the lids; eye-lids heavy; difficulty in raising the lids; eyes sore; contraction and twitching of the muscles; face looks heavy and expressionless." Of what value are these symptoms in practice? In the first place, if by paralysis of the lids is meant paralysis of the muscles of the lids proper, we may say that such a condition can only occur from lesion of the motor-oculi. If, however, is meant paralysis of the orbicularis palpebrarum, we say that that is present *in every case*. Again, "difficulty in raising the lids." Has any one ever seen a case of facial palsy in which the difficulty was not the other way, difficulty in closing them? Further, "face looks heavy and expressionless." Does not the face always look expressionless in this disease? This leaves "contraction and twitching of the muscles" and eyes sore (a very indefinite term) as the only indications of the drug.

Under treatment of infantile palsy, the author fails to mention either Arsenicum or Gelsemium. The value of the latter drug in this affection is well known. The former has frequently in poisoning cases produced an acute poliomyelitis anterior. We should think that the author could recommend a neater way of interrupting the primary current than "by removing and replacing the negative electrode."

Our risibilities are not so easily excited as are Dr. Worcester's. We always felt more like pitying choreic patients rather than laughing at them. The cardiac symptoms of chorea are slighted. Too much is taken for granted respecting the relation between chorea and rheumatism. The statement that "endocarditis exists in the large majority of cases of chorea" lacks confirmation. We have treated upwards of seventy-five cases of chorea *without finding one thus complicated.* By way of treatment, the author recommends *Act. rac., Nux v., Ign., Calc. c., Hyosc., Stram., Sulph.*, all very good remedies, but we would not like to limit ourselves to these seven when we have competing with them in clinical value such as *Mygale, Zinc., Phos., Physos., Agar., Tarentula, Cina*, and many others.

We find no section on epilepsy. There are, however, two pages devoted to convulsions: synonyms; spasms, fits. We do not think this supplies the deficiency.

We cannot say that we like the manner in which the diseases of the nervous system have been presented. There is too much of "Dr. Seguin says," "Dr. Ross says," "Dr. Radcliffe says," "Dr. Hammond says," and too little of the authors' dicta. If they could not speak from experience, why did they undertake the work.

Dr. Lilienthal has handled the subject of Insanity as well as could be expected in the space alloted him (13 pages). Such a subject requires an entire volume for its elaboration.

Dr. Fellow's article on Hysteria is all that the most fastidious could desire.

This review has already extended further than the limits intended for it, so that we must pass over diseases of the organs of locomotion with the remark that most of them are strictly surgical subjects.

Speaking of the book as a whole, we can say that there is much in it to commend, and, unfortunately, there is much to condemn. The desire to present condensed articles has resulted in producing incomplete ones. Had much of the surgical matter been omitted from the volume, more space could have been given to strictly medical topics. The general adoption of the arrangement of therapeutical indications given by Drs. Goodno and McClelland would also economize space which could be used to advantage. It is to be hoped that the third and last volume of the work will contain all of the virtues and none of the faults of the second. * * * *

SPECIAL PATHOLOGY AND DIAGNOSTICS WITH THERAPEUTIC HINTS. By C. G. Raue, M.D. Third edition, Revised and Augmented. Philadelphia: F. E. Boericke. 1885.

In the preparation of the third edition of his great work, Dr. Raue has not made any great changes in the text so far as the symptomatology, pathology, etc., of the different diseases are concerned. The great improvement in the work is a valuable one indeed. A therapeutic digest has been added to each of the chapters, which present a list of therapeutic hints of three or more pages. These digests are in the form of a repertory, arranged according to the requirements of the chapter. We can best illustrate the

plan adopted by quoting from the "Digest to Sciatica" that part relating to the character of pain:

ACHING: *Phytol.*
AS IF IN THE BONES: *Ruta.*
BRUISED: *Zinc. ox.*
BURNING: *Iris.*
BURNING, with anguish and restlessness: *Ars.*
CRAMPY: *Menyanthes.*
CRAMPY, with stiffness in hip and ham: *Bellad.*
DRAWING: *Merc., Mez., Nux v., Plumb., Phytol.*
DRAGGING: *Aconit.*
SHOOTING: *Iris, Plumb.*
SHOOTING, like lightning, downwards, *Acon.*
STIFFNESS AND WEAKNESS: *Lycop.*
STITCHING: *Coffea.*
EXCRUCIATING: *Cham.*
FORMICATION: *Arn., Lyc., Rhus t.*
LANCE FEELING: *Arn., Led., Zinc. ox.*
INTENSE, changing with numbness, *Graph.*
NUMBNESS: *Acon., Rhus t.*
INTERMITTENT, periodical remittent, *Arg. n., Ars., Fer., Ign., Natr. m., Sepia.*
IRREGULAR SPELLS: *Coffea.*
PRESSIVE: *Plumb., Phytol.*
TEARING: *Acon., Caust., Coff., Coloc., Kali hyd., Merc., Nux v.*
TINGLING: *Acon.*
THROBBING, as though joint would burst: *Ign.*

The practical character of Dr. Raue's digests is at once seen. The author has also added to the book therapeutic hints gained by increased experience with both old and new remedies. ****

Gleanings.

THE TREATMENT OF URETHRAL STRICTURE BY COMBINING INTERNAL AND EXTERNAL URETHROTOMY.—In an address before the Lancashire and Cheshire branch of the British Medical Association, Mr. Reginald Harrison showed that internal urethrotomy was extremely liable to be followed by an unexplainable form of fever which is sometimes fatal. Moreover, internal urethrotomy does not furnish any better permanent results than other methods of treatment. The use of the bougie is never dispensed with even after the most successful performance of the operation. In the operations of lithotomy and perineal section, where the urethra is more or less involved in the wound, and where at the same time provision is made for the escape of urine from the bladder by the newly formed passage, we shall find both proceedings free from the subsequent occurrence of rigors and from the special form of wound fevers, which, in varying degrees, almost constantly follow internal urethrotomy. Mr. Berkely Hill's experience shows that rise of temperature after internal urethrotomy does not occur until after the passage of urine over the wound. In those cases where a catheter was tied in after the operation, fever was rarely met with.

A rupture of the urethra following a blow or contusion of the parts is generally regarded as exposing the patient to almost certain risk of stricture of the worst kind. This liability, Mr. Harrison believes, is largely influenced by the conditions under which the patient is placed immediately after the accident. He then goes on to show that a case of complete rupture of the urethra treated by median perineal urethrotomy (with of course free

drainage of the bladder) made a complete recovery without the sign of a stricture. Further, it must be noted that the conditions producing repair after internal urethrotomy are unfavorable. The section which is requisite for the division of the contraction necessarily paralyzes the urethra to the extent, or rather more, of the wound that has been inflicted. Hence the process of repair has to be carried on with the wound soaked in the urine that is left behind to stagnate after each act of micturition. This is a very different thing from the incontinent flow of urine over the glazed and granulating open wound of a lithotomy or perineal section. In one case it is merely contact of urine with open surfaces; in the other retention within a confined space. Mr. Harrison has been led to conclude that it might be possible advantageously to combine the two operations of external and internal urethrotomy. In doing so his object was to secure that the healing process following the division of the stricture should proceed without being subjected to those influences, immediate and remote, which he has ascribed to the presence of stagnant urine in the wound. He desired to put in, as Gouley expresses it, "a cicatricial splice," which should be done under circumstances most favorable to kindly repair. He has now operated twelve cases by the combined method, thus far with results the most favorable. In no case has the operation been attended by a rigor. The scar tissue formed is very different from that of internal urethrotomy. In performing the operation, the internal urethrotomy is done first. The external urethrotomy which follows can hardly be spoken of as a perineal section. It should be described as a perineal puncture with a knife, completed with a probe, along which a drainage tube is conducted into the bladder. It is not necessary to introduce the finger into the bladder at all. The drainage tubes employed are usually of gum-elastic, four or five inches in length and somewhat less in width than an ordinary index-finger. They are secured by an eye on each side through which a tape can be passed. It should be placed just within the bladder and no more. The urethra may be cleaned of the discharges from the internal wound by antiseptic injections by way of the external meatus.—*British Medical Journal*, July 18th, 1885.

On the Symptom of Abdominal Pain in Slow Intra-pericardial Hæmorrhage.—Dr. W. J. Naismith records three cases of intra-pericardial hæmorrhage, one from rupture of an aneurism, a second of the right auricle, and a third from stab of the left ventricle, in which abdominal pain was the prominent symptom. Reasoning by analogy from other manifestations of reflex action, *e.g.*, painful knee in case of hip-joint disease, this symptom of abdominal pain under the conditions described seems to be intelligible enough. May it not be inferred that the intra-pericardial or cardiac irritation exciting the cardio-inhibitory centre in the medulla through the inhibitory fibres of the vagus, is reflected downwards to the solar and superior mesenteric plexuses with which the nerve is in direct connection? Or, again, seeing that, according to the teaching of Rutherford and others, "the powerful stimulation of a branch of a sensory nerve is apt to spread in the sensory area of the brain to cells other than those in immediate relation to that branch," may it not be possible, the pneumogastric being the sensory nerve of the heart, that the powerful irritation conveyed through it to the medullary cardiac centre is disseminated to other cells connected, say, with the senory fibres of the great splanchnic; that the impulse thus derived from the cardio-inhibitory centre in the medulla is conveyed through the spinal cord, dorsal spinal nerves, thoracic ganglia, and sensory fibres of the great splanchnic to the solar plexus and intestines, there to find expression in the phenomenon of pain.—*Lancet*, July 11th, 1885.

Case of Alternate Paralysis of Peduncular Origin.—Dr. Ramey (*Revue de Médecine*) reports a case of alternate paralysis which, during life,

exhibited the following characteristics: Incomplete hemiplegia of the right side and paralysis of the left common motor-oculi. Post-mortem examination revealed the presence of a caseous tubercle the size of an almond, situated in the cerebral peduncle and the left optic thalamus. The points worthy of note in the history of the case are: 1. Notwithstanding the complete destruction of the optic thalamus, the patient presented no signs of sensory disease, except what were slight and transitory. This condition is in opposition to those authors who consider the optic thalamus as the centre of sensitive and sensorial perception. 2. The results of the experiments of MM. Brown-Sequard, Budge and Afasieneff show that section of the cerebral peduncles determines in animals serious vaso-motor disturbance. In the patient now under discussion there was, from the origin of the affection, a permanent sensation of coldness in the right arm, whose temperature was in reality lower than that of the same member on the opposite side although there was no appreciable difference in the color of the hands and forearms. Only during the last ten days of life did the right hand exhibit any peculiarity, and at this time it became œdematous and of a reddish carmine hue. 3. The researches of Afasieneff and Budget, upon the function of the peduncles, seem to have established a relation between this region and the sphincters of the rectum and bladder. In the case under consideration there was no evident disturbance of the functions of these muscles—except at the period immediately preceding death—a time when the general depression of all the vital forces was sufficient to explain the condition. 4. In spite of a relatively gross lesion located in the optic thalamus, and which destroyed a large portion of the superior floor of the peduncle, the spinal marrow presented no trace of secondary degeneration—a condition which seems to prove that the optic thalamus and the superior peduncular floor do not form an integral portion of the cerebral motor apparatus; or at least do not have a trophic influence upon the pyramidal fibres.—*Medical News*, July 18th, 1885.

Treatment of Cancer of the Female Breast.—Mr. Oliver Pemberton lays down the following rules with regard to operation. He would recommend it when the cancer was increasing, provided that (*a*) the entire breast was not infiltrated, and that there existed an appreciable line between the deposit of cancer and the healthy breast, and that the parts were not adherent to those below. (*b*) That the neighboring glands were not affected by the spread of the cancerous material. (*c*) Where the skin was neither thickened nor brawny, or tuberculated. He would not operate after the age of 55, except where severe pain as well as hæmorrhage attend an open cancer, and the part admits of healing by clean skin. In elderly women beyond 55 years of age, the rate of progress of the disease is much slower, constitutional infection is less rapid, and the disease is often of the form termed atrophic or retracting scirrhus which increases slowly or remains stationary. This form should never be subjected to operation, for, when operated on such cases are followed speedily by symptoms of cancerous deposit in the internal organs, leading to cachexia and death. The author advises the complete removal of the indurations of the breast commonly appearing in the child-bearing period, between 35 and 45.—*Annals of Surgery*, August, 1885.

Influence of the Length of Intermissions Between Pregnancies on the Labors of Multiparæ.—Kleinwaechter (*Ztschft. für Geb. und Gyn.*) bases his paper on the observation of 397 multiparæ. Multiparæ in whom from six to sixteen years elapse between the first and second pregnancies are more apt to be sick during the second pregnancies than those in whom from but one to five years elapse. Morning sickness and antepartum hæmorrhages are more likely to occur; there is apt to exist a greater quantity of liquor amnii, particularly where the interval has extended to

ten or more years. The duration of labor increases with increased length of interval, and the labor-pains are more apt to be weak and ineffective after a long interval than after a short. Operative measures are more frequently requisite after a prolonged interval, particularly the application of the forceps. Lacerations of the perineum and post-partum hæmorrhages are more frequent the longer the interval between pregnancies, similarly the disposition to adherence of the secundines, and to disease of the kidneys, particularly the disposition to œdema of the lower extremities, without concomitant albuminuria. The tendency to mastitis and the ability to nurse the infant lessen with the length of the interval. Morbidity and mortality percentages from puerperal fever increase markedly with prolongation of interval, particularly in those cases where ten or more years have elapsed, and the same applies to other puerperal diseases. The longer the interval, the greater the frequency of premature labor, particularly after ten years. Length of interval apparently does not influence the frequency of normal and abnormal presentations. With length of interval, female births increase, and the longer and heavier will the fœtus be, especially after ten years' interval. The umbilical cord falls sooner the shorter the interval; tendency to plural births increases with length of interval, and similarly deformed fœtuses. With increase in interval, there is increase in fœtal mortality (this mortality includes dead-born, dead just after birth, and dead within eight days after labor). On looking at these conclusions generally, it will be apparent that the woman with long intervals between first and second pregnancies is liable to the same accidents, etc., as Kleinwaechter has shown in another paper (on the influence of age on successive pregnancies) are apt to affect old pluriparæ rather than young. The reason of course is obvious—the longer the interval the older the patient. The practical deduction is that we should watch with increased care both the pregnancy and the labor of those in whom a long interval has elapsed between the first and second pregnancies.—*Amer. Journ. Obstetr.*, August, 1885.

Gelsemium in Professional Neuroses.—Dr. J. Galley Blackley shows by quotations from the writings of T. F. Allen, Ringer and Murrell, and the monograph on Gelsemium by the Hughes Medical Club, that Gelsemium is homœopathic to writer's cramp. He reports two cases of professional neurosis cured by this remedy. The first occurred in an organist. He received *Gelsem.* 1^{x}, one drop three times daily. With the exception of enforcing regularity in meal times, no alteration in his mode of life was made. At the end of ten weeks a complete cure had been accomplished. The second was a case of similar character in a flute-player. *Gelsem.* was prescribed as in the other case. In two months' time he was well.—*Monthly Homœopathic Review*, August 1st, 1885.

Hydrastis in Diseases of the Skin.—Dr. John V. Shoemaker recommends Hydrastis fl. ext. in cutaneous affections depending upon gastro-intestinal disorders. In seborrhœa sicca or oleosa the scaly, reddened or greasy state of the skin, the red or white papules, black points or pustules of acne, or the enlargement of the bloodvessels and tissue of acne rosacea, may be relieved or cured by Hydrastis internally. It is also useful in scrofulous diseases of the skin in patients with feeble digestion, loss of flesh, and enlarged glands, with or without unhealthy ulcers. It has also acted in a happy manner in some cases of lupus, sycosis, boils, carbuncles and ulcers in which the local condition was largely due to a lack of nutrition of the system. The eczema impetiginodes of children may be cured by the fl. ext. of Hydrastis, one to five drops three times daily. The fluid extract may also be used as a local remedy. It has a stimulant and astringent action on the integument. It is best used diluted one-half or one-third with water, oil, mucilage, or glycerine. Inflammatory affections of the mucous

membranes, especially stomatitis, syphilitic lesions, and eczema are greatly benefited by it. The fissured forms of eczema about the mouth or anus are sometimes rapidly improved by its use. It also lessens the inflammation and thickening of the skin in chronic eczema, and exerts a favorable action on abrasions, sinuses, ulcers, and granulations. Owing to the fact, that Hydrastis stains clothing with which it comes in contact, Bartholow has suggested the substitution of Hydrastine hydrochlorate, which is as efficacious as the fluid extract of Hydrastis. The Hydrastine hydrochlorate Dr. Shoemaker has found useful for hyperiodrosis, seborrhœa, acne, eczema and ulcers.—*Drugs and Medicines of North America*, June, 1885.

Anomalous Coronary Artery.—To the Academy of Medicine in Ireland, Dr. Brooks communicated a case of anomalous coronary artery of the heart. A large branch arose from the right coronary artery about one-third of an inch from its origin, and passed behind the root of the aorta and pulmonary artery; here it gave off three branches which ran upwards on the trachea; it then divided into branches which anastomosed in a complex manner with an abnormal branch, which arose from the right anterior sinus of Valsalva of the pulmonary artery. From the anastomosis so formed two branches ascended in a tortuous manner in front of the bifurcation of the pulmonary artery and the transverse portion of the arch of the aorta, and united into one trunk, which joined an abnormal branch arising from the left subclavian artery near the origin of the vertebral. The three branches mentioned above as ascending on the trachea, after inosculating very freely gave off a branch to the right bronchus, and then joined a branch arising from the posterior aspect of the arch of the aorta, close to the termination of the transverse portion.—*Medical and Surgical Reporter*, July 25th, 1885.

On the Occurrence of Blood in the Urine in Granular Kidney.—Blood in the urine in granular kidney is not of common occurrence, and may on that account lead to difficulties in diagnosis. It may be in sufficient quantity to give the urine a bright red color or, as is less rare, a smoky or pinkish hue. Dr. Samuel West has met with several cases of granular kidney in which the diagnosis seemed clear, and during the course of which the urine many times contained blood, sometimes only sufficient to give to it the smoky tint for a few days, but at others sufficient to make it bright red in color. It is not easy to determine the part of the urinary tract from which the hæmorrhage comes. In the second and third cases, it was in all probability from the kidney; but in the first, the very bright color and quantity of the blood seemed to suggest its origin from the lower part of the urinary tract. The difficulty in diagnosis between this condition and calculus has actually occurred as in a case related by Dr. Sharkey. The patient, a young girl, passed so much blood with the urine that the bladder was sounded, and, failing to find a stone, dilatation of the urethra and exploration of the urethra was suggested but not performed. The patient dying, no stone was discovered on the autopsy, but markedly granular kidneys. In less severe forms, the chief difficulty in diagnosis is from acute nephritis. The points which will enable us to distinguish these cases from acute nephritis are (1) the absence of, or small amount of œdema present; (2) the great fluctuation in the amount of blood and albumen at different times; (3) the history of the case. The explanation of these cases is probably the same as that given to the hæmorrhage which occurs from other parts of the body in this disease. Epistaxis, often very severe and difficult to control, is one of the commoner epiphenomena. Bleeding occurs occasionally in granular kidney, from the bowels. Hæmorrhages into the eye and brain are among the commonest of incidents in the course of this disease, so much so that retinal hæmorrhages are of recognized diagnostic value, while brain hæmorrhages explain the apoplexy with which such cases not rarely terminate, and in both organs

miliary aneurisms are frequently found. In the cases in which the hæmorrhage occurs actually in the kidney, it is possible that there is another explanation. It may prove to take place especially in those cases of granular kidney in which the cirrhotic change is most marked round the Malpighian bodies, and the bleeding may then possibly be the result of the mechanical obstruction to the circulation in the Malpighian tufts. On the whole, however, we may with greater probability regard the hæmorrhage from the urinary tract as part of the general vascular changes which occur in this disease, and if so, it is remarkable that hæmaturia is not of more frequent occurrence in granular kidney than it appears to be.—*The Lancet*, July 18th, 1885.

Treatment of Diphtheria.—In his own family Dr. Mollereau had an opportunity of proving the utility of the treatment for the cure of diphtheria and croup, as recommended by Dr. Teste in 1877, *i.e.*, the one per cent. bromine water. He believes that two of his children, who were suffering from severe diphtheria, were saved by its use. He, therefore, considers it his duty to make known his gratitude in the hope of giving assistance to others. The one per cent. bromine water (1 brom. pure, to 100 aqua) is a transparent, orange-colored fluid of an acrid taste and penetrating odor. It is to be kept in dark-colored glass. Dr. Teste formulated the following rules: 1. In order that no valuable time be lost, one should always keep on hand a bottle of bromine water. 2. The patient is to take, every 15 to 30 min., from 1 to 3 drops in a spoonful of sweetened water. 3. After a few hours of treatment an interval of not more than two hours may be allowed, beginning again with the remedy. 4. It is necessary to use either a glass spoon or a wine-glass in administering the remedy, because the bromine attacks the metal, and converts it into a salt. 5. The patient, especially on the first day, should be placed on an absolute diet. Small children may have dilute wine; older persons may be given rich bouillon. Milk or farinaceous articles must be avoided, as they neutralize the action of the bromine immediately. 6. For gargling, add to the water, a glass, a spoonful of vinegar and a spoonful of sea salt: this combination appeared to assist in the cure. (The writer employs dustings [sprays?] of a one per cent. carbolic solution.) 7. For prophylaxis place a dish of bromine water in the sick-room; this should have fresh liquid—about a teaspoonful—added two or three times a day.

Three or four doses are sufficient to diminish the pulse beat (*e.g.*, from 140 to 80). The local symptoms disappear slower. The pseudo-membrane begins to loosen in from eighteen to twenty hours.—(*Allg. Hom. Zeit*).—H. F. I.

Milk Diet in the Albuminuria of Pregnancy.—Tarnier's treatment of the albuminuria of pregnancy by an exclusive milk diet has counted, in his hands as well as in those of others, many successes, and it has received a strong indorsement from Charpentier, among recent obstetric writers. Under this treatment it is usual to see the albumen lessen, in some cases, disappear, and the symptoms which threaten eclampsia, such as headache, dimness of vision, indisposition to exertion, and drowsiness, cease or become much mitigated. In some cases, however, it is important to conjoin with a milk diet, a hot bath once in three or four days. The temperature of the bath should be from 98° to 100°, and while in the bath or immediately after it, the patient should drink a tumbler of hot milk. A profuse perspiration usually follows, and the relief is prompt and positive. In one case, however, a primigravida in the eighth month, who had albuminuria for at least four months, and who derived marked benefit from the hot bath, had also a very serious discomfort following it. There was unusual and violent activity of the fœtus always occurring after the bath, so that she was for

some hours unable to sleep,—a very serious inconvenience, as the usual and most favorable time for the bath is just before retiring. Valuable as most practitioners regard the milk treatment of the albuminuria of pregnancy, some entirely reject it. Pajot, for example, in a recent discussion held at the Paris Obstetrical and Gynecological Society, reported in the *Journal d'Accouchements*, May 5th, refers to it as a bit of pleasantry. One of his arguments against the milk treatment is, that infants from six months to the end of the first year, are peculiarly liable to eclampsia, and yet they are then on milk diet. Gueniot very well answered this argument by saying that these infants that have eclampsia, are not albuminuric, and the milk diet in albuminuric pregnant women does not act upon the eclampsia, but upon the albuminuria; it is only indirectly by curing the albuminuria that it renders eclampsia much rarer. It is impossible to attribute infantile and puerperal eclampsia to the same cause.—*Medical News*, June 13th, 1885.

Adonis Vernalis, and Convallaria Majalis.—These drugs have been clinically tested by Dr. Ghezinski (*Przeglad Lekarski*) as to their claim of being substitutes for digitalis. Both drugs were given in the form of an infusion, and to meet the usual indications of digitalis. In cases of insufficient compensation, the regulatory effects of both drugs were very conspicuous; the heart beats became more distinct and quiet, the pulse more tense but less accelerated, the entire cardiac irregularity growing less and less manifest. Besides, the ventricles grew smaller, and the heart sounds more distinct. The quantity of urine voided rose from 300 to 2000 and 3000 c.c. The symptoms of dropsy receded or disappeared wholly. The subjective symptoms likewise visibly improved, especially the dyspnœa and palpitation of the heart. Compared with digitalis, the latter seems to act more promptly than the adonis, and thus again excels convallaria. In some cases, digitalis was clearly useless, while these substitutes acted satisfactorily. It is both interesting and valuable to know that, provided a few doses of digitalis were given before the substitutes, these showed an intensity of action far superior to the power of digitalis. Both remedies are free from cumulative effects, and are hence very eligible for protracted use, or in patients that lack medical control.—*Therap. Gazette*, July, 1885.

News, Etc.

Personal.—Dr. Biddle R. Marsden has located at 1513 North Second street, Philadelphia.

Dr. W. K. Benton, of Boston, has received the appointment of Resident Physician in the Homœopathic Hospital, at Melbourne, Australia.

Dr. Edw. Fornias has removed to 327 Pine street.

Dr. F. E. Williams, of Haddonfield, has been appointed local Medical Inspector by the New Jersey State Board of Health.

Dr. J. D. Leckner is Chairman of the Board of Health, Camden, N. J.

West Jersey Homœopathic Medical Society.—The regular meeting of this society was held at the Camden Homœopathic Hospital, August 19th, 1885. There was an unusually large attendance for the August meeting. The time of the meeting was chiefly occupied in the discussion of Dr. Street's paper, "Yellow Atrophy of the Liver," which he beautifully illustrated by exhibiting the contracted liver of one of his cases, and by a series of six microscopic slides showing the various pathological changes. An interesting feature of the meeting was, also, the exhibition of eighteen of our

common indigenous plants used in medicine, with a discussion of their properties, by W. McGeorge, M.D., of Woodbury.

It was resolved that the Bureau of Materia Medica be directed to make a proving of at least one of our indigenous remedies each year.

The Camden Homœopathic Hospital has been awarded the contract of supplying the city's poor with medical treatment, which places $1500 to the credit of the hospital funds for the current year. Drs. Quint, Tullis, and Blackwood have been appointed city physicians under this contract.

Any one having treated cases of *purpura*, which they can report in detail, showing the homœopathic applicability of any remedy, are respectfully urged to send the same to Dr. Winterburn, editor of the *American Homœopathist*, 29 West Twenty-sixth street, New York.

Bureaus and Committees of the American Institute of Homœopathy.—The following is a list of the bureaus and committees appointed to report at Saratoga Springs, N. Y., in June, 1886, together with the subjects selected, as far as known. Already many of these bureaus are busily at work, and we may expect a better series of reports and discussions than we have ever had before.

1. *Clinical Medicine:* J. S. Mitchell, M.D., 2432 Michigan Avenue, Chicago, Ill., *Chairman;* W. A. Edmunds, M.D., St. Louis, Mo., *Secretary;* A. S Couch, M.D., Fredonia, N. Y.; W. H. Dickinson, M.D., Des Moines, Ia.; St. Clair Smith, M.D., New York City, N. Y.; W. J. Hawkes, M.D., Chicago, Ill.; H. B. Clarke, M.D., New Bedford, Mass.; J. W. Dowling, M.D., New York City, N. Y. Subject: "Phthisis Pulmonalis."

2. *Materia Medica:* A. C. Cowperthwaite, M.D., Iowa City, Iowa, *Chairman;* E. A. Farrington, M.D., Philadelphia, Penna.; Charles Dake, M.D., Hot Springs, Ark.; H. M. Hobart, M.D., Chicago, Ill.; S. Lilienthal, M.D., New York, N. Y.; H. C.Allen, M.D., Ann Arbor, Mich.; Anna M. Warren, M.D., Emporia, Kan. Subject not yet selected.

3. *Surgery.*—I. T. Talbot, M.D., 66 Marlboro' Street, Boston, Mass., *Chairman;* W. L. Jackson, M.D., 84 Dudley Street, Roxbury, Mass., *Secretary;* W. T. Helmuth, M.D., New York city, N. Y.; G. A. Hall, M.D., Chicago, Ill.; J. E. James, M.D., Philadelphia, Penn.; H. L. Obetz, M.D., Ann Arbor, Mich.; S. B. Parsons, M.D., St. Louis, Mo.; C. E. Walton, M.D., Hamilton, Ohio; J. H. McClelland, M.D., Pittsburgh, Penn.; M. O. Terry, M.D., Utica, N. Y.; E. C. Franklin, M.D., St. Louis, Mo. Subject: "Inguinal and Femoral Hernia."

4. *Organization, Registration and Statistics* —T. Franklin Smith, M.D., 62 East 128th Street, New York, N. Y., *Chairman;* I. T. Talbot, M.D., Boston, Mass.; W. E. Leonard, M.D., Minneapolis, Minn.; C. E. Fisher, M. D., Austin, Texas. Subjects: (1) "Statistics of Institutions;" (2) "List and Present Status of Elected Members;" (3) "Autobiographies of Present Members."

5. *Obstetrics.*—George B. Peck, M.D., Providence, R. I., *Chairman;* Julia Holmes Smith, M.D., Chicago, Ill., *Secretary;* C. E. Fisher, M.D., Austin, Texas; Sheldon Leavitt, M.D., Chicago, Ill.; O. B. Gause, M.D., Philadelphia, Penn.; C. G. Higbee, M.D., St. Paul, Minn.; L. S. Ordway, M.D., St. Louis, Mo.; L. M. Kenyon, Buffalo, N. Y.; W. R. Elder, Terre Haute, Ind.; Alice B. McKibben, M.D., St. Louis, Mo. Subject: "Post-partum Emergencies."

6. *Gynecology:* L. A. Phillips, M.D., 165 Boylston Street, Boston, Mass., *Chairman;* S. P. Hedges, M.D., Chicago, Ill., *Secretary;* Phil. Porter, M.D., Detroit, Mich.; H. K. Bennett, M.D., Fitchburg, Mass.; M. T. Runnels, M.D., Kansas City, Mo.; L. L. Danforth, M.D., New York, N. Y.; B. F. Betts, M.D., Philadelphia, Penna.; C. B. Kinyon, M.D., Rock Island, Ill.; Robert Hall, M.D., Providence, R. I.; C. T. Canfield, M.D., Chicago, Ill. Subject: "Diagnosis and Treatment of Organic Diseases of the Uterus."

7. *Pædology:* R. N. Tooker, M.D., 237 Dearborn Avenue, Chicago, Ill., *Chairman;* C. D. Crank, M.D., Cincinnati, Ohio, *Secretary;* Martin Deschere, M.D., New York, N. Y.; Millie J. Chapman, M.D., Pittsburgh, Penna.; J. C. Sanders, M.D., Cleveland, Ohio; C. W. Enos, M.D., Jerseyville, Ill.; W. H. Harrison, M.D., Baton Rouge, La.; C. H. Lawton, M.D., Wilmington, Del.; A. A. Whipple, M.D., Quincy, Ill. Subject: "Diseases of the Respiratory Apparatus."

8. *Ophthalmology, Otology and Laryngology:* Alfred Wanstall, M.D., 228 North Eutaw Street, Baltimore, Md., *Chairman;* J. H. Campbell, M.D., St. Louis, Mo., *Secretary;* J. H. Buffum, Chicago, Ill.; H. C. Houghton, M.D., New York, N. Y.; F. Park Lewis, M.D., Buffalo, N. Y.; C. G. Fuller, M.D., Chicago, Ill.; H. C. French, M.D., San Francisco, Cal.; H. P. Bellows, M.D., Boston, Mass.; F. H. Boynton, M.D., New York, N. Y.; D. G. Woodvine, M.D., Boston, Mass. Subject: "New Remedies and New Methods of Treatment."

9. *Anatomy, Physiology and Pathology.*—William Owens, M.D., corner 7th and John Street, Cincinnati, Ohio, *Chairman;* William Owens, M.D., Jr., Cincinnati, Ohio, *Secretary;* M. Pomeroy, M.D., Cleveland, Ohio; F. L. Davis, M.D., Evansville, Ind; J. W. Morris, M.D., Wheeling, W. Va.; John A. Rockwell, M.D., Norwich, Conn. Subject: "Tuberculosis. (1) Tubercle, its Etiology; (2) its Relation to the Nerves of Organic Life; (3) its relation to Nutrition; (4) its Relation to the Scrofulous Dyscrasia; (5) Tubercle considered as a Symptom."

10. *Sanitary Science.*—Lemuel C. Grosvenor, M.D., 185 Lincoln Avenue, Chicago, Ill., *Chairman;* D. H. Beckwith, M.D., Cleveland, Ohio; H. E. Beebe, M.D., Sidney, Ohio; E. U. Jones, M.D., Taunton, Mass.; Anna M. Warren, M.D., Emporia, Kan.; R. N. Tooker, M.D., Chicago, Ill.; R. F. Baker, Davenport, Ia.; P. Dudley, M.D., Philadelphia, Penna.; M. H. Waters, M.D., Terre Haute, Ind. Subject: "Our Homes; their Hygienic and Sanitary Conditions."

11. *Pharmacy and Provings.*—Lewis Sherman, M.D., 171 Wisconsin Street, Milwaukie, Wis., *Chairman;* T. F. Allen, M.D., New York, N. Y., *Secretary;* A. C. Cowperthwait, M.D., Iowa City, Ia; P. Dudley, M.D., Philadelphia, Penna.; C. W. Butler, M.D., Montclair, N. J.; C. Wesselhoeft, M.D., Boston, Mass.; W. J. Hawkes, M.D., Chicago, Ill.; A. Korndorfer, M.D., Philadelphia, Penna. Subject: "Potentization by Means of Trituration and Succussion."

12. *Psychological Medicine.*—J. D. Buch, M.D., 136 West 8th Street, Cincinnati, O., *Chairman;* S. H. Talcott, M.D., Middletown, N. Y.; W. E. Green, M.D., Little Rock, Ark.; O. P. Baer, M.D., Richmond, Ind.; J. M. Kershaw, M.D., St. Louis, Mo.; S. Lilienthal, M.D., New York, N. Y. Subject: "Will and Understanding (Consciousness) in Disease, or Disturbed Brain-Function."

13. *Microscopy and Histology.*—A. R. Wright, M.D., Buffalo, N. Y., *Chairman;* W. Y. Cowl, M.D., New York, N. Y., *Secretary;* C. Wesselhœft, M.D., Boston, Mass.; L. B. Couch, M.D., Nyack, N. Y.; J. S. Mitchell, M.D., Chicago, Ill; J. C. Morgan, M.D., Philadelphia, Penna.; W. A. Haupt, M.D., Chemnitz, Prussia; J. M. Crawford, M.D., Cincinnati, O.; F. Park Lewis, M.D., Buffalo, N. Y. Subject: "The Bacteria of Tuberculosis, and of some of the Zymotic Diseases."

14. *Medical Education.*—Charles E. Walton, M.D., Hamilton, O., *Chairman;* H. C. Allen, M.D., Ann Arbor, Mich., *Secretary;* W. L. Breyfogle, M.D., Louisville, Ky.; I. T. Talbot, M.D., Boston, Mass. Subject: "The Relation of the Institute to Medical Education."

15. COMMITTEES.—*Medical Legislation.*—A. I. Sawyer, M.D., Monroe, Mich., *Chairman;* J. W. Murrell, M.D., Mobile, Ala.; H. M. Paine, M.D., Albany, N. Y.; A. S. Everett, M.D., Denver, Col.; J. R. Flowers, M.D.,

Columbus, O.; T. S. Verdi, M.D., Washington, D. C.; Hugh Pitcairn, M.D., Harrisburg, Penna.; R. Ludlam, M.D., Chicago, Ill.; W. Von Gottschalck, M.D., Providence, R. I.; R. F. Baker, M.D., Davenport, Ia.; J. P. Dake, M.D., Nashville, Tenn.; G. H. T. Johnson, M.D., Atchison, Kan.; C. E. Fisher, M.D., Austin, Tex.; L. S. Ordway, M.D., St. Louis, Mo.; J. V. Hobson, M.D., Richmond, Va.; O. S. Wood, M.D., Omaha, Neb.; Lewis Sherman, M.D., Milwaukee, Wis.

16. *Drug Provings.*—H. R. Arndt, M.D., Ann Arbor, Mich.; E. M. Hale, M.D., Chicago, Ill.; E. A. Farrington, M.D., Philadelphia, Penna.; C. Wesselhœft, M.D., Boston, Mass.; L. Sherman, M.D., Milwaukee, Wis.; A. W. Woodward, M.D., Chicago, Ill.; T. F. Allen, M.D., City of New York, N. Y.

17. *Medical Literature.*—F. H. Orme, M.D., Atlanta, Ga., *Chairman;* P. Dudley, M.D., Philadelphia, Penna.; A. K. Crawford, M.D, Chicago, Ill.; G. W. Winterburn, M.D., New York, N. Y.; H. Packard, M.D., Boston, Mass.

18. *Foreign Correspondence.*—T. M. Strong, M.D., Homœopathic Hospital, Ward's Island, N. Y.

19. *Inter-Collegiate.*—This committee consists of the two delegates from each of the medical colleges.

20. *Executive and Publication.*—O. S. Runnels, M.D., Indianapolis, Ind.; A. I. Sawyer, M.D., Monroe, Mich.; E. M Kellogg, M.D., City of New York, N.Y.; T. M. Strong, M.D., Ward's Island, N. Y.; J. C. Burgher, M.D., Pittsburgh, Penna.

21. *Local Arrangements.*—Edw. S. Coburn, M.D., Troy, N. Y.; T. F. Allen, M.D., New York City, N. Y.; H. M. Paine, M.D., Albany, N. Y.; E. M. Kellogg, M.D., New York City, N. Y.; S. Pearsall, M.D., Saratoga Springs, N. Y.

C. Stockton Gauntt, M.D., who has just been appointed Professor of Chemistry in the Hahnemann Medical College of Philadelphia, is a son of the late Commodore Charles Gauntt of the U. S. Navy, and a native of Pennsylvania. He graduated in the medical department of the University of Pennsylvania in 1844. Visiting Europe afterwards, he attended the Clinics of Guy's and St. Thomas's Hospitals in London, and the Lectures of Chemistry delivered by Professor Faraday in the Royal Institution of Great Britain.

In 1846 he returned to Philadelphia, and entered the laboratory of Dr. James B. Rogers, late Professor of Chemistry in the University of Pennsylvania, where he studied practical chemistry, assisting Professor Rogers in several courses of lectures on Chemistry which he gave in the Franklin Medical Institute.

In 1849 Dr. Gauntt was appointed Professor of Chemistry and Natural Philosophy in Burlington College, N. J. This position he filled three years, after which he practiced medicine until 1856 when he was appointed to the Chair of Chemistry and Natural Philosophy in Fairman University, at Greenville, S. C. He remained there several years, and was a member of the Philosophian and Adelphian Societies.

After the battle of Gettysburg, he received an appointment as army surgeon, and was for several months connected with the general hospital of that place. During the past thirteen years, he has held the Chair of Chemistry in Villa Nova College.

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PHYSIOLOGICAL AND PATHOLOGICAL HYPERTROPHY OF THE HEART DURING CERTIAN EPOCHS OF LIFE.

BY E. M. HALE, M.D., CHICAGO, ILL.

I AM aware that I am venturing upon a subject but little treated of by writers on disorders of the heart, and only casually alluded to by physiologists.

But it is a subject of much importance, especially in a diagnostic view, for the mistake is often made of confounding pathological with purely physiological hypertrophy of the heart.

There are, during the course of a perfectly normal human and probably *animal* existence, three grand epochs, namely: *Puberty*, *pregnancy*, and *climacteric*. The two latter belong, of course, to women. It is during the period when the subject is passing through these epochs, that there occurs a physiological excitement of the heart, which tends to more or less actual enlargement of the heart.

This enlargement, after reaching its acme, *i.e.*, when puberty has been established, when pregnancy has ended, or the climacteric has passed, generally undergoes a retrograde metamorphosis to a certain degree.

The heart, enlarged by the stimuli of these epochs, does not altogether return to its previous size, but it does partially do so.

Let us examine each epoch separately:

I. When the girl or boy, at the age of 12 or 14, begins to enter the preparatory changes of puberty, certain vascular channels, hitherto undeveloped, begin to enlarge. These changes are not confined to the generative organs, but consist in a general enlargement of all the tissues. The limbs and

whole body become rounded, and there is a general extension of the whole vascular system. In the boy, the bloodvessels of the testes and their appendages undergo notable enlargement. In the girl, the ovaries, uterus, labia, and mammæ become very much enlarged. These newly developed arteries and veins are yielding and lax, and the blood thrown by the heart easily finds its way into them.

Now it is a law of physiological mechanics, that the *excitement* of the heart increases with the diminution of resistance.

This is exemplified in a beautiful manner when a person inhales *amyl nitrite* or takes a dose of *glonoine*. These agents increase the calibre of the peripheral arteries, and as soon as this is done, the heretofore quiet heart bounds into unnatural activity. It beats rapidly, it palpitates, and quickly suffuses the whole body with an unusual supply of arterial blood.

A similar action occurs during puberty, pregnancy, and the climacteric change.

At puberty this change is very noticeable in the suffused brain, with increased emotional and intellectual activity, the sparkling eyes, the red cheeks, and the generally rosy hue of the whole surface of the body.

The action of the heart, rarely noticed before, now forces itself on the consciousness of the individual. Slight exercises cause hard beating and palpitation, and this unusual excitement arouses fear of cardiac disease in the mind of the person, and even of parents and physician.

I have recorded in my case-book a great many instances where I was consulted by parents, whose fears were aroused by the complaints of girls and boys. On examination of such cases by auscultation and percussion, I have always found a greater force and frequency in the cardiac pulsations, but no abnormal sounds, and no abnormal area of cardiac dulness. Of course I allude to perfectly healthy persons, for there are undoubtedly instances wherein a rheumatic lesion, hitherto dormant, has been aroused and amplified by this very excitement incident to puberty. Or if there be an anæmia or chlorosis, coincident with the change, then the physiological activity overreaches normal bounds, and often rapidly develops dilatation.

I cannot give any definite statement as to the amount of hypertrophy which occurs during the two or three years of puberty. Much depends on the habits of life of the individual. If active and laborious, the symptoms are much more severe than in those who lead a quiet and sedentary life. In fact, hard, violent labor often changes a physiological into a pathological hypertrophy, or dilatation.

Incidentally, I will observe that during this period of cardiac excitement, a condition simulating exophthalmic goitre sometimes occurs. The thyroid gland undergoes noticeable enlargement, the eyes are slightly protruding, and the heart is intensely excited. This condition is greatly exacerbated just before the menstrual period, or at the time when the menses should, but do not actually appear.

Treatment is mainly hygienic. The patient should be ordered to live a quieter physical and mental life. Emotions should be avoided. Dancing and running, or climbing should be prohibited. Tea or coffee, eggs, oysters, and beef prohibited.

Only rarely are medicines called for. Of these, Coca, Coffea, Aconite, Cactus, Convallaria, Lilium, and Belladonna are oftenest required.

If the patient is anæmic, Calcarea, Pulsatilla, Ferrum iod., or Ferrum phos., and a more nutritious diet, with fresh country air, are indicated.

In uncomplicated chlorosis, Strychnia, and the hypophosphites; or Ignatia, Digitalis and galvanism are the remedies.

II. *Pregnancy.*—Enlargement of the heart is a physiological process during the pregnant state. This is caused by the increased blood supply to the enlarged uterus, to supply the demands of its growth, and also to the growing fœtus. This requires either greater frequency of the contractions of the heart, or that the entire quantity of blood entering the ventricles during the diastole should be increased. Now, as the frequency of the pulsations of the heart remain unchanged, even in change of posture, therefore a dilatation of the cavities becomes a necessity, and it equally follows that this dilatation results in a thickening of their walls. This thickening is estimated to be more than one-fifth. "The interposition of the enlarged and multiplied vascular channels in the pelvic organs, increases the labor thrown upon the heart, in response to which an eccentric hypertrophy of the left ventricle takes place" (*Lusk*).

"After delivery, the weight of the heart returns to nearly the normal standard" (*Flint*).

In a large obstetric practice of many years, during a large proportion of which I have devoted myself to a study of disorders of the heart, I have had ample opportunities of verifying the above statements.

If there has been no previous rheumatic history, with lesion of the valves, no anæmia to injure the integrity of its muscular

tissues, and no marked neurotic tendency, this hypertrophy does not go beyond a physiological state. Neither the patient nor the physician need be anxious about the condition of the heart. In fact, this increase of power and size is the best thing that could happen, for it increases the health and endurance of the woman, and secures ample nutrition to the fœtus in utero.

Treatment.—During the prevalence of the practice of blood-letting, the fulness and hardness of the pulse, especially in plethoric women, was considered an indication for bleeding. But this practice has fallen into disuse, since the real condition has been demonstrated. If excessive plethora does obtain, the amount of beef, coffee, and highly nitrogenous foods should be cut down. A few doses of Aconite, Belladonna, or Verat. viride may occasionally be needed, but generally all agents which have a tendency to decrease the power of the heart, should be avoided.

If a previous valvular lesion existed, a dilatation without thickening may occur. But by an avoidance of undue exercise, with a careful diet, and the timely and judicious use of Digitalis, Convallaria, Nux vomica, Ignatia, or Ferrum, this pathological condition can be prevented.

An anæmic pregnant woman should be carefully watched; the physician who neglects this is culpable in the extreme.

On the first appearance of weakness and pallor, the patient should be put upon a highly nitrogenous diet. She should spend a large portion of the time in the open, pure air, on high grounds, or near the sea, and be given some preparation of Iron, together with Strychnia, for of all medicines, these possess the greatest remedial power over a weak and dilated heart. In malarious districts, I have sometimes been obliged to give small doses of Quinine, with the Iron and Strychnia.

III. *The Climacteric.*—This third epoch in life is equally important with the former.

It is a fact, although not generally recognized, that the man as well as the woman has his climacteric.

In woman it generally occurs between the ages of 40 and 50. In man between 50 and 60. I do not wish to be understood that the symptoms are as intense in man as in woman, but they do occur, as I have verified many times in my experience and observation.

Similar periods of mental depression; similar "flushings;" similar attacks of "nervous heat;" a similar tendency to adiposis, and many other symptoms which remind us of the

climacteric in the other sex. It is at this period of life, too, that men complain of an unpleasant sensation in the heart. Old and slight cardiac lesions become aggravated, and if anæmia or exhaustion of the vital forces sets in, the heart is more apt to suffer.

Change of life in woman does not, as a rule, especially in the higher walks of life, occur normally. There are usually many unpleasant symptoms.

Dr. Tilt, in his exhaustive work on *Change of Life*, gives a graphic description of the abnormal symptoms. I am surprised, however, that he should assert, that "the climacteric causes no changes in the heart." My experience is just the contrary. I am sorry to disagree with one of such high position, but it is a well-known fact that uterine specialists are apt to overlook disorders of distant organs, when their investigations are confined to those of generation. A woman may pass the climacteric without abnormal symptoms if she has previously had no uterine or ovarian disease, and if her general health has been good. Even in such cases, I have observed that women mention (not complain) that the heart beats harder, and that the head and chest feel oppressed at times. An examination of the heart, in such cases, shows a strong action, and an increased blood-pressure. If the woman has "flushings," as is generally the case, even in normal climacterics, the heart will show this change in power more distinctly. *I believe that in normal climacterics, the size and weight of the heart are slightly increased.*

In abnormal climacterics, this tendency to hypertrophy is greatly increased.

I have observed that in full-blooded women, if the menses cease suddenly, and do not appear for several months, or at all, the heart then *labors* with the increased supply of blood thrown back upon, or accumulated in the system. During the time the menses are absent, the heart appears to me to develop a true hypertrophy in proportion to the length of time between the menses. If, after several months, the menses return, the heart undergoes *involution*, and becomes nearly normal.

If my colleagues will make careful observations on such patients, I believe they will verify my experience.

In thin, but strong and muscular women, such change does not so often occur; but I have observed that often such thin subjects are inclined to grow stout, and become plethoric, the blood formerly lost to the system, now going to build it up.

The phenomenon of "flushing" at the change of life, is not altogether abnormal. I think it often subserves a good purpose, when the heart is overloaded and oppressed by the unusual blood supply.

"Flushings" resemble the action of *Amyl nitrite.* In both, the peripheral capillaries of the body are relaxed, allowing the central circulatory system to empty itself into them. As *amyl* relieves a congested heart, or an attack of *angina* (now known to be due to spasm of the coronary arteries), so do "flushings" at any period of life. Dr. Sidney Ringer, with his close insight into the action of drugs, recommends *Amyl nitrite* in very minute doses, as a palliative in these climacteric flushings. He knows that such an application is *homœopathic*, but he has not the manliness to admit it. I have often used it to imitate nature's processes, in cases when the heart seemed "cramped" and oppressed, with pale face and cold extremities, which condition often occurs at the change of life, when "flushings" are absent.

But to return to my subject. I think I have observed a pathological hypertrophy of the heart to occur at the change of life in lymphatic women, with lax muscular fibre. The increased work thrown upon the heart, acts just the same as it does in pregnancy. The cavities are enlarged, and the walls thickened. The heart is then in a critical condition, for if the muscles of the heart are not *firm*, they may soon stretch under the continued pressure, and then dilatation will obtain.

As the repeated use of *Nitrite of amyl* or *Glonoine* will weaken the heart, so will long-continued and often repeated "flushings."

The "abdominal pulsations," so annoying in some women at the change of life, are due to a paresis of the vaso-motor nerves which preside over the abdominal aorta; the same sometimes occurs in the ascending aorta. To a certain extent, this condition may relieve an overworked heart, but if too long continued, may result in a weakening of the cardiac muscles. But woe to the woman who enters the climacteric with a heart in which there has been any valvular lesion. She is sure to suffer from it, and get a dilated heart, unless there is sufficient tonicity in her nervous and muscular system to allow *compensation* to obtain. I have watched such cases with great interest, for I always fear bad results. In some, a compensatory thickening of the walls of the left ventricle will occur rapidly, and prevent serious mischief; in others, dilatation will rapidly set in, with all the sad results of dropsy, pulmonary œdema, and cardiac paralysis.

If violent and repeated hæmorrhages occur, the chances of cardiac compensation are almost *nil*. Dilatation will occur, unless the patient is treated with great judgment. It is criminal to allow uterine hæmorrhages to occur at the change of life. They can be, and should be, promptly arrested. They are always abnormal, and always injure the integrity of the heart and break down the general system. Their suppression never causes any but the most temporary discomfort.

Treatment.—The principal remedies for the unpleasant or abnormal symptoms of the change of life, are *Amyl nitrite*, *Glonoine*, *Aurum*, *Lachesis*, *Lilium*, *Sepia*, *Pulsatilla*, and *Sanguinaria*.

Nearly all the symptoms can be palliated or removed by their judicious administration.

Only in cases of great plethora, with violent congestions, may Aconite or Verat. viride be called for. But when they *are* indicated, they should be given boldly, until relief is obtained.

If the physiological hypertrophy of the heart threatens to go beyond normal bounds, the diet and exercise should be changed to meet the condition. On the other hand, if dilatation with anæmia occurs, the regimen should be rich and nutritious, and such medicines as Digitalis, Convallaria, Strychnia, and Iron, prescribed boldly and continuously until the danger is arrested, and the equilibrium of the body is regained.

OOPHORECTOMY.

BY W. E. GREEN, M.D., LITTLE ROCK, ARK.

April 18th, 1885, I was called to see Mrs. S., æt. 20, blue eyes and fair complexion; married and in the second month of gestation. Upon examination I found her to be suffering from a sharp attack of pelvic cellulitis. There was marked tenderness about the uterus and left ovary, and extensive exudations in the left iliac region. The cervix was found to be lacerated, though the patient had been married but a few months and claimed to be a primipara.

Under the use of internal medication, dry heat over the hypogastrium and hot vaginal douches, the pyrexia and painful symptoms subsided within a fortnight. I did not see her again until called to attend her in confinement, November 13th. The throes of labor came on at 7 A.M., and I visited her at 11 A.M. Upon digital exploration, I found the os

well dilated and the head presenting L. O. A. The progress was apparently slow, and, as the suffering was severe, after waiting an hour, I gave chloroform, applied the forceps and delivered in thirty minutes. There was a slight rupture of the mucous membrane and sub-mucous tissue down to the muscular structure, just within the posterior margin of the vaginal outlet. No untoward symptoms followed, and the patient was up and around in about two weeks.

December 30th she was taken with chills, nausea, vomiting, and severe uterine and ovarian pains, accompanied with all the ordinary symptoms of cellulitis. The pains were severe in the inception, and gradually grew worse, until the suffering was so great that I was compelled to resort to the hypodermic use of morphia and carry it to the stage of narcotism. It was fully a month before recovery again took place, and the patient, in reduced health, was able to go about and attend to her household duties.

January 15th, while standing in the draught of a hallway, she was suddenly attacked with the same character of pain, but confined almost entirely to the left ovarian region. The suffering was of such an excruciating nature that the hypodermic syringe was at once called into requisition, and relief was not obtained until one and one-fourth grains had been used. From this time on she suffered the most agonizing and uninterrupted torture that it has ever been my lot to witness. The pains were of the most intense character and were principally confined to the left ovary, which was extremely sensitive to touch, though toward the last they would occasionally shift to the right. Extensive exudations were thrown out, and at the expiration of a month I apprehended that suppuration had taken place; the subjective symptoms indicated this, and at times I thought that I could detect fluctuation a little posterior and to the left of the uterus. The exigency of the case demanded surgical interference; so I thrust a long aspirating needle, by way of Douglas's cul-de-sac, into the indurated tissue. Failing to get pus, I changed the direction of the instrument, and again punctured the morbid mass to the depth of two inches, but to no purpose. Whether from the stimulus of irritation produced by the wound, or from nature's own efforts, resolution at once commenced, and within eight or ten weeks the pathological extravasations were absorbed. But the poor woman still suffered; suffered to that degree that morphine to the amount of from two to four grains daily was administered hypodermically. Upon physical exploration, the

left ovary, enlarged and very sensitive, could be detected behind the uterus, in Douglas's cul-de-sac. The patient occasionally had rigors, fever and night-sweats, indicating the accumulation of pus. It was now my opinion that a suppurative condition of the ovary existed, and I urged its removal at once. I could not get the full consent of the family, and the woman, true to the maternal impulse, considered only the welfare of her child, and insisted upon nursing it. She furnished a sufficient supply of milk; and, as the child was delicate and the weather exceedingly warm, I was myself anxious to have it nursed until the last moment. So matters stood until the 1st of August; at this time her condition was such that I deemed an operation imperative. The child was weaned and all the preliminary arrangements made. August the 14th, at 11 A.M., assisted by Drs. F. P. Green and J. W. Burns, the patient was etherized and the abdomen opened by a short incision. The ovaries were easily reached with the first two fingers and brought out of the wound, the left first, for inspection. They were both enlarged to twice the natural size, and each contained from fifteen to twenty small cysts that were afterwards found to be filled with a sero-sanguine purulent fluid. The left tube, in its outer third, was also found to be diseased; it was enlarged, indurated and ecchymosed, and contained a small serous cyst. A fine silk ligature was used, and both ovaries and the outer two-thirds of both tubes were removed. The abdomen was closed with silk sutures.

The necessary preparations and cleanliness incident to the operation, as taught by Mr. Tait, were rigidly carried out. The patient rallied well, but soon went into severe paroxysms of pain that required large doses of morphine, two grains, hypodermically, to relieve. This dose was repeated every six to eight hours for the next eight days before any amelioration of the symptoms took place. There was but slight elevation of temperature, the thermometer never registering above 100° until the afternoon of the ninth day, when it reached 101.8°, but dropped to normal the next morning. The heart maintained a regular beat of from 80 to 85 per minute. Large stitch-hole abscesses formed, and I was compelled to remove the sutures on the fifth day and slit up the openings to give exit to the pus that discharged in profuse quantities, as much as a teaspoonful from some of the cavities. These healed promptly, however, and gave no further trouble. On the third day the abdomen began to bloat and became somewhat sensitive. A rectal tube was inserted, through which large

quantities of gas escaped. Thirty-grain doses of magnesia sulph. were administered every two hours until one or two drachms had been given. This, aided by rectal injections, moved the bowels, and the bloating rapidly and permanently disappeared. On the eighth day, the pains began to subside, and by the tenth, she was entirely easy; and rested and slept well for seventy-two hours without morphia; at the expiration of this time she was seized with violent pains in the right lumbar region, extending down the course of the ureter, and accompanied with frequent and painful urination. This condition continued for several days, when suddenly there was passed from the bladder about two teaspoonfuls of thick yellow matter. The pains now partially subsided and the patient began to improve and grow stronger. The doses of morphine were reduced in size and frequency, and within a month the patient was up and walking about the room with entire relief from the original pains. But the pains in the lumbar region continued and quantities of pus were constantly discharged with the urine. This latter trouble we attributed to an attack of pyelitis, the result of kidney stone, which passed from the bladder two or three months after. Though this trouble continues, but much abated, the patient rides and walks everywhere, and, excepting some pain in the kidneys, that she still experiences, is in a tolerable condition of health. She has never menstruated since, and the sexual feelings are unimpaired. I consider the oöphorectomy perfectly successful in its results, and that the pathological condition found to exist in the ovaries thoroughly verified my diagnosis and justified the operation. The pyelitis was a coincidence and a complication that did not exist at the time of the operation. The medicinal treatment of the case is purposely omitted, as it was so varied to meet exigencies, and extended over such a long period of time that it could not be of interest.

This is my second laparotomy; both recovered.

HETERODOXY IN MALARIA AND MALARIAL DISEASES.

BY WILLIAM OWENS, M.D., CINCINNATI, OHIO.

In presenting an adverse view of the causes which give rise to the class of disease called malarial, we trust we may be indulged in a few remarks of a general nature, some of which may appear axiomatic, while others may be questioned, criticized, or rejected. We bespeak, however, a careful considera-

tion of the facts in connection with these diseases and their much mooted origin.

Our first effort will be an inquiry into the nature of health and disease; for upon the answer to that question will depend much of the argument and logical deductions from the physiological matters therein stated.

1st. A rational definition of health would be, normal functionalism of all of the organs and tissues of the body. Disease consists in a departure from normal functionalism.

2d. The physiological processes of the organism are its normal functions. Their modifications constitute disease.

3d. Every living organism is endowed with certain powers called organic functions, all of which are essential to life. These are nutrition, circulation, respiration, reproduction, secretion, and excretion. In the absence of either of these, the organism must cease to exist. These functions are the physiological processes of the organism.

4th. The existence of these processes implies the existence of an anatomical structure or organism, the healthy condition of which insures healthy function and life. Its unhealthy condition gives rise to abnormal function, and tends to decay and death.

5th. Every organ is liable to become diseased, the first manifestation of which is usually observed in disturbed function, and becomes a morbid process.

6th. Every morbid process taking place in an organ is induced by some disturbing force or agent infringing upon its integrity.

7th. Every organ is sustained in its integrity, and performs its functions through the medium of a nervous mechanism known as the nerves of "organic life."

8th. If this nervous mechanism becomes impaired or disturbed, the functions of the organ suffer in a corresponding degree. If the disturbance becomes intense, the mechanism soon becomes exhausted, and is followed by relaxation, and possibly paralysis and death.

The conclusion, then, upon this point is, that health consists in a sound physical structure, and that every morbid condition of so-called disease is the result of the presence of some irritating agent disturbing the relations of that physical structure.

9th. Our definition of disease, then, would be in its inception increased or decreased functionalism. The type of disease takes form from the organ attacked. The symptoms given forth are but the language of the organ in distress.

10th. All physiological processes take on rhythmical movements.

11th. Nature in all of her movements is rhythmical (periodical), all intermit or remit, and we govern ourselves and personal habits accordingly. The hours of the day bring their changes. The days of the week, month, and year vary not in rhythm. Vegetable life has its hours of activity and of rest—for working and for sleep, for absorption and for exhalation, for nutrition and for waste. The eggs of many small birds hatch in two weeks: the domestic fowl in twenty-one days; the duck in four, and the swan in six weeks. Menstruation and utero-gestation have their allotted times.

12th. All acute diseases have definite periods of accession, duration, and retrogression. These rhythmical disturbances may be more or less intense, according to the character, intensity, and persistence of the disturbing force.

13th. The diseases called malarial are of this periodical, rhythmical character, and it will be our endeavor to discuss them under the inspiration of natural law excited by the forces of nature constantly in operation around us, and as opposed to artificial, hypothetical, or supposable causes.

What, then, is this so-called malaria? It must be either an entity or a myth.

If it be an entity, our instruments and means of precision in chemistry, and observation in physics, ought to furnish an answer. Do they?

The universal answer is, they do not. The conclusion is that malaria is a myth, a mere hypothetical something, like a thousand and one other theories founded upon imperfect observation and illogical deductions.

Three theories concerning malaria and so-called malarial diseases are now, more or less, accepted by the medical profession. None of them are accepted by all as covering all of the conditions under which it is admitted that these do occur.

One class of theorists claims that malaria is an earth-born poison; a real entity; a gas generated by organic decomposition in newly upturned earth; or that mother earth, turgid with energy, fails to find in her abundant vegetation a sufficient repository for that energy, and the result is, man becomes its most convenient receptacle; hence disease. Numerous and fatal objections to this theory will readily suggest themselves.

A second class of theorists claims that the decomposition of vegetable matter under the influence of heat and moisture is the sole and sufficient cause for the development of this class

of diseases. But, as a matter of fact, they occur in the absence of vegetation and moisture, and with as much intensity as in their presence. And the further fact that most luxuriant vegetation is found in some portions of the earth attended with great heat and moisture, and no malarial disease, as may be seen on the Bermuda and Bahama Islands, east coast of Florida, Hong Kong, and many other places.

The remaining theory is that of the bacteriologists, of whom Drs. Salsbury, of Cleveland, Ohio, Prof. Crudeli, of Rome, and Klebs, of Prague, are among the most prominent. The evidence in proof of this theory is so slender, and observation so contradictory, that it has as yet found but few followers.

If we were asked, after looking over the literature of malarial disease, what *our* definition of malaria would be, we would unhesitatingly answer, "The refuge of ignorance;" and yet if we were to attempt to question medical orthodoxy upon this subject we would bring our own sanity into question.

If you ask the profession what this thing malaria is, it will inform you that it may be anything or everything in the form of disease, and yet so far as the profession knows it is nothing; everybody has it, but nobody can tell what it is. No one has seen or felt, tasted or smelled it. The chemists and physicists believe in it, yet have never been able to detect its presence anywhere. The physiologists and therapeutists know it only by certain alleged phenomena, all of which may be accounted for on a philosophical basis, and in harmony with natural law.

Neither of the foregoing theories is accepted by, or satisfactory to, such men as Professor Chandler, Dr. Louis Sayre, C. F. Wingate, Dr. Bell, of the *Sanitarian*, Dr. Huxly, C. F. Ringzetti, August Smith, Dr. Drysdale, Dr. Letheby, and many others who have given special attention to this subject. They maintain that the process of oxidation in vegetable matter is not a pernicious one, whether it takes place upon or beneath the surface of the earth; and that gases formed within three or four feet of the surface, would be continually escaping, and would be essentially harmless; and that under no ordinary circumstances, supposing them to be pernicious, would they become sufficiently concentrated to prove injurious, even when exposed to the beating rays of the sun, as in cases where excavations have been made for trenches, canals, railroads, or fortifications; and that any alleged ailments arising from such exposure must be taken with many grains of allowance, and can be generally traced to other and more rational causes.

The first and most important inquiry, then, for us to consider is, where and under what circumstances these diseases are found to arise, and where and under what circumstances they are not to be found?

First, it is admitted that these diseases are found in hot, or warm climates. They are found where moisture and vegetable matters are abundant, upon low, marshy, and alluvial soils in many portions of the world, along rivers, around lakes, and on the shores of the sea. But it must also be admitted that they are found in conditions and surroundings diametrically the opposite of these. On dry and barren plains, 8000 or 9000 feet above the sea, and on vessels far out at sea, they have prevailed with as much intensity as in the marsh and swamp districts. At Mysore, in Deccan, on the Indian Peninsula, where there is but little vegetation, and rain seldom falls, these diseases are known to prevail with great intensity.

On the table lands of Estramadura in Spain, at an elevation of 4000 feet, the army of the Duke of Wellington was almost decimated by malarial disease during his campaign of 1812 and 1813. The whole country was parched and burnt up. The historian says that "no rain had fallen for nearly one year, and that the streams had become rivulets, and small streams and springs had utterly failed." So-called malarial fevers prevail upon the plains of western Kansas, Colorado, Arizona, New Mexico, and California, where but little vegetation is found, except as the product of irrigation. The same is true of the table lands of old Mexico. Our army of occupation in Mexico, 1846 to 1848, suffered greatly from remittent and intermittent fevers.

The barren rocks about the falls of the Orinoco, one of the tributaries of the Amazon, have long been noted for the malignant type of these diseases prevailing there, while the more humid and fertile forests along the lower Amazon are comparatively exempt. Thus we see that in some portions of the earth, we have heat, moisture, and vegetable matters in abundance, and at the same time so-called malarial disease, while in other places, with the same surroundings, none of these diseases are found. Three conditions have usually been quoted as attending malarial diseases—heat, moisture, and decomposing vegetable matter, overlooking the fact that they are found on dry and arid mountainous regions, and at sea as well.

But one of these conditions is found uniformly present under all circumstances in which these diseases occur, and that one is heat and its alternate cold. Let us now inquire under what

conditions do we find these diseases comparatively absent. They are not found, or are found only to a limited extent, in regions where the variations of temperature are not marked—not more than 12° or 15° F. in twenty-four hours, the mean temperature being 82° to 85° F. Such conditions we find in the valley of the Amazon, on the Bermuda and Bahama Islands, located in the middle of the Gulf Stream, surrounded by a large body of water, in a warm climate. The temperature of these islands rarely exceeds 88° to 90° F. in summer, and in winter seldom falls below 55° F., or rises above 70° F. On these islands we have heat, moisture, and a most luxuriant vegetation, but no malarial diseases. The same is true in a great measure of the east coast of Florida and the Keys, along the shores of the Amazon, and the islands of Hong Kong.

It is as true in physic as it is in physics, that "like causes produce like effects." For we have seen that so-called malarial diseases prevail upon low, swampy, marshy grounds, where vegetation teems with life, and upon the barren rocks and arid plains where it is scarcely known; on the mountains several thousand feet above the sea, and upon vessels in mid-ocean; under conditions most diverse: and find that these diseases are the same everywhere, and their absence under conditions and surroundings so far as appears precisely the same is otherwise unaccounted for. Heat, moisture, vegetable decomposition, newly upturned earth, and bacteria may be found under circumstances and surroundings most dissimilar. In some cases we have these diseases, and in others they are wanting. But what are the essential conditions in all, moisture and vegetable matter, are wanting in many sections where the diseases are known to prevail with great intensity, while heat, with its alternate cold, is present in all.

Heat alone, then, remains constant under all conditions of so-called malarial diseases, with its opposite cold. Wherever these diseases are known to prevail, it will ever be observed that we have marked rhythmical changes of heat and cold, ranging in many cases from twenty to forty degrees of temperature in twenty-four hours.

This is the case in the Roman Campagna, the valley of the Magdalena River, along the shores of the rivers in our Southern States, and in the low-lying marshy districts generally. The same is true of our western plains throughout Kansas, Colorado, Arizona, and California. Over these regions the heat during the day, for the several months of July, August, and a portion of September, ranges from 80° to 95° F., while at

night the thermometer often falls to 60° or 65° F. during the same period. The variation upon the lower ground is usually greater than upon the higher. Hence the greater prevalence of these diseases upon the lower grounds.

The Roman Campagna lies in latitude 43° N., surrounded on the north and east by the Apennines and Massinian Hills, and on the west, and partly on the south, by the Mediterranean, forming an amphitheatre with southern and western exposure, receiving both direct and reflected rays of the sun, which often raise the temperature to 105° or 106° F. in the day, which falls again during the night to 60° or 65° F., under the descending strata of cold air from the mountains. The change over the entire district becomes most marked; even in Rome extra warm covering is required to protect one from the chilliness which precedes, and is the cause of the well-known "Roman Fever."

The Magdalena Valley lies between two ranges of the Cordilleras Mountains, and forms an immense basin 90 miles wide and more than 600 miles long; it lies between latitude 12° and 5° N. Many portions of the mountains are covered with perpetual snow. The city of Barranquilla is situated at the northern extremity of this basin, and lies at the foot of the famous Santa Marta Mountain, less than 30 miles distant from its perpetually snow-capped summit.

The temperature of Barranquilla often rises to 108° F. during the day, and falls to 60° F., by actual observation, during the night. The prevalence of so-called malarial fevers along this river is notorious; and two of our ministers to Bogota and a member of one of their families contracted fatal fevers on their passage on the river.

The city of Carthagena lies farther west on the same coast and within the same valley, and subject to the same influences. It is one of the most noted malarial districts in America, the Isthmus of Panama not excepted.

In all of our Southern States, it will be observed that the same conditions obtain. Wherever we have great concentration of heat, and consequently great evaporation during the day, we shall also at night have a corresponding deposition of moisture, and consequent chilliness. It will be found, furthermore, that within narrow limits, where intermittent and remittent fevers prevail, great variations of temperature also prevail, and that the variation in the valleys is always greater than on the hill-tops; that spring vegetation of the valley always precedes that of the hill-tops several days, and the

early autumn frost always affects the lower grounds before it does the higher. The difference in temperature always varies with the depth of the valley and the direction of its outlet. Hence deeper valleys with southern exposure are alleged to be more malarial. The temperature during the day is always from three to five degrees higher in the valleys than on the hill-tops; this is reversed at night, being from five to eight degrees lower, the extremes of temperature being from 12° to 13°. Add to this the diurnal mean temperature, 80°, or upwards, and we have a daily rhythm of from 18° to 25° in our mild climate. Within the tropics, or in amphitheatres like the Campagna or the valley of the Magdalena, and in proximity to snow-capped mountains, or high latitudes where the upper and colder strata of atmosphere readily approach the earth, the variations will be much greater, and often reach thirty or forty degrees in twenty-four hours. According to the intensity of rhythmical variations will be the virulence and intensity of the type of the disease. To this atmospheric influence, may be added unfavorable hygienic conditions, and omissions of proper precautions against atmospheric vicissitudes. Great relaxation and exhaustion from heat during the day, which is followed by a chilly and even cold atmosphere during the evening and at night, induces suppressed perspiration, contraction of the cutaneous capillaries, and rigors, and not unfrequently absorption of matters thrown out of the body during the day, thus poisoning the organism by its own emanations. These conditions being repeated day after day, and night after night, soon establish rhythmical disturbances of all the organic functions, the most prominent of which is that of circulation, first causing depression (chill), followed by reaction (fever), exhaustion, relaxation, and a tendency to perspiration, to be repeated the following day, and so on for time and number.

If these conditions are greatly prolonged, or often repeated, blood changes take place, with degeneration of the blood corpuscles, and dyscrasia, cachexias, and eventually organic changes in the spleen, liver, and other organs, with sequelæ.

We think that it will now be apparent that so-called malarial diseases are not the result of a specific cause, but arise under the operations of natural laws, universal and unvarying, manifesting their phenomena at all points where their influence is concentrated with sufficient intensity to disturb the normal rhythm of the organism, which may be further favored by bad hygienic conditions and unsanitary surroundings.

DIPHTHERIA AND CROUP.

BY MARY BRANSON, M.D.

(Read before the Philadelphia County Homœopathic Medical Society.)

In taking up the subject of diphtheria, especially with reference to its resemblance to membranous croup, I have no great experience to draw upon. I have seen more of diphtheria than of croup, and they have always been clearly marked cases. The general prostration, the malignant character of the disease, the odor from the breath, and indeed from the whole body, the contagious character, the low typhoid condition, the prevalence of the disease at the time, the need for so different a class of remedies, the different condition of the patient at the time of the attack, with other as important symptoms, pointed clearly to the diagnosis.

But I have been deeply interested in watching the two diseases in the Infant's Home, and Dr. Gooding, the late resident-physician, has kindly placed at my disposal an account of some of the cases, with the circumstances attending, etc. To many minds, these two maladies seem to stand on the borderland between curable and incurable diseases, and anything which sheds new light upon these diseases, or upon their treatment, will, to them, be welcome, while those, claiming greater knowledge and more successful measures of treatment, will, with patience, listen to the recital.

In the fall of 1884, there occurred in this city a limited epidemic of croup and diphtheria, which was of much interest to those in charge of its victims. The Philadelphia Home for Infants was the point of observation of this epidemic, which yet was by no means confined to it. Numerous cases of the disease existed outside of the Home, but of these no record can be obtained, since they were attended by different physicians of different schools. That they were in many instances fatal, may be inferred from the fact that, on one morning, the writer saw white ribbons attached to thirteen doors of the twenty-two houses adjoining the Home. The locality was not noted for its healthfulness at any time, the unsanitary condition of its surroundings being something to provoke wonder in the minds of strangers. Five or six scores of slaughter-houses were in the immediate vicinity; about 800 head of cattle and as many sheep were slaughtered each week, within half a mile of our institution. Few of these establishments had any connection with the sewers, but all the washings were drained off by surface streams, which found their way into a pond just back of

the Home, there to stagnate. Some of the butchers were in the habit of keeping all solid refuse matter for several days before having it removed from their premises. When the heaps were opened at sunset to receive the refuse from the day's slaughtering, the stench which arose therefrom can be better imagined than described.

Forty children, under the age of four years, were here sheltered and cared for by the untiring efforts of managers and house-officers. Owing to financial depression, the plumbing of the house had suffered neglect, and consequently, for some months, the drainage was very imperfect. After the furnaces were fired, a new difficulty arose, from the fact that all air discharged into the nurseries through the hot-air pipes, came from the basement, there being no communication by cold-air box or otherwise between the furnaces and the outside air. These, in brief, were the external conditions of our little patients; the internal were little better. Many of them were children of vice and ignominy, barely escaping destruction by drugs or violence before their birth; some of them, children of tuberculous parents, whose wretched lives, drunkenness, privation, or hard work had shortened.

Incidentally, it may be mentioned that, during the preceding summer, scarlet fever had raged in the Home. Twenty-two infants suffered from this disease, the mildest case running twenty-one days. A modern English writer has emphasized the fact that scarlet fever in infancy predisposes to membranous croup. The month of September passed quietly enough. On the last day of the month, a nurse told me that Mamie Howard had one of her colds. This was a pale, slender, three-year old child, who was constantly ailing with cough, coryza, diarrhœa, enlarged glands, or eczema. In the preceding summer, she had escaped scarlet fever, but had an obstinate ozæna, which was greatly improved by Kali bi., though never wholly cured. Under the usual remedies, this cough soon improved, and on the third day she was as well as ever, with the exception of a fever, which came on towards night.

Nothing unusual in her condition was noticed until the second evening thereafter, or the fifth from the beginning of the attack, when the child seemed quite weak and languid. There was no cough, and the fever of the preceding evenings was wanting; no hoarseness, no obstruction to breathing, but there was an abundant secretion from the nose. At 9 P.M., the child was in a violent paroxysm of croup. No need to describe the condition. After the administration of Kali bi.

and Bell. in five minute doses, the coughing ceased, no rattling in the throat remained, and she drank water eagerly and without difficulty. After seven hours of sleep, the paroxysm returned, as violent as before, lasting longer, and leaving the patient quite weak. Tartar emet. relieved the breathing, which was tubular, difficult, gasping. Nourishment was given every hour, or half hour, and at noon, there being no improvement in her condition, she was given Hepar sulph., while a consulting physician was called for. There had been no cough all day, and only occasional obstruction to breathing, when the physicians arrived at 7 P.M. After a critical examination acetous tincture of Sanguinaria was prescribed, and this, in alternation with beef tea, was given every half hour all night. She slept quietly, though starting up at intervals, and trying to grasp something in her mouth. She resisted all efforts at examination of the fauces, but several times I saw a white, tubular substance lying along the tongue, but it was quickly sucked back again. Iodine had been given several times during the past forty-eight hours, and it was now alternated with Sanguinaria in the morning of the seventh day. At 8 A.M., she had been taking medicine or food every half hour for several hours, sleeping quietly in the intervals, and breathing without apparent distress. At 8.30 A.M., she died asphyxiated.

The autopsy revealed a pseudo-membrane extending from the upper margin of the larynx to the fourth ramification of the bronchi within the lung. The membrane was thick, tough, and leathery, wholly detached from the walls, except at the lower part, a tube lying within a tube. It so encroached upon the calibre of the trachea and bronchi, that a knitting-needle could not have been passed through the latter, which looked, when cut across, like the broken stem of a clay pipe. The lungs were highly congested, the lower lobes almost entirely solidified. The surface of the lung was gray in color, thickly studded with purple spots. The lung-substance was dry and friable, except at the upper portion of the right lung were numerous points of caseous deposit, tubercles of size varying from a pin's head to the size of a pea or larger. In the left lung were fewer tubercles, but they were scattered throughout the mesentery, the upper wall of the stomach, and the spleen.

CASE II. was that of a boy three and a half years old, stout, hearty, child with fair hair and blue eyes, is always taking cold and is inclined to catarrhs, nasal, intestinal, and vesical. Since birth, he has had much sore mouth, slight injuries to lip

or cheek resulting in serious ulceration. Six weeks ago, he had a remitting fever which had a tendency to lapse into typhoid. November 1st, attention was called to a harsh, croupy cough, with profuse, stringy discharge from nose and mouth. Mouth sore and full of a sticky saliva. Gave Kali bi. in water every hour. At noon, he was no better, bowels loose, no appetite, discharge from nose harder and more lumpy, much mucus in throat. Gave Hepar sulph. in water every hour. At 7 P.M. struggling in a paroxysm of croup. Began with Sanguinaria two drop doses every five minutes, cold pack to throat, and beef tea, or raw egg in milk every hour. About midnight, had four attacks of vomiting, forcibly expelling large quantities of mucus. Slept six hours, and was better next day, when he took Sanguinaria or Tart. emet. every half hour until evening. A high fever then came on, indicated by a temperature of 102.5° and pulse of 154 beats to the minute. Aconite and Tart. emet. were given through the second night. Next morning the nurse said the patient had slept all night, except when awakened for medicine, and was decidedly better. He had little difficulty in swallowing liquid food or medicine, and breathed easily. At 8 A.M., he had several paroxysms of coughing when he held his head forward, and made motions as if to expel something. Three attendants saw in his mouth a large yellowish object, which one described as looking like a stick of boiled macaroni. After it had slipped back, it could easily be felt, and strenuous efforts were made to extract it with fingers or forceps. This was the moment to perform tracheotomy, but the child's father was momentarily expected, and his consent to the operation was thought necessary. Again the fibrinous coating of the fauces was thrust forward into sight, again slipped back before the fingers could reach it, and in two minutes the lips were livid, the eyes fixed, and no motion of the heart was perceptible. An autopsy was not permitted.

Case III., male child one year of age: came under treatment six months ago, for a series of boils upon the head and neck. At the same time, a persistent eruption of small vesicles was upon cheeks, forehead, hands and wrists. Appetite good, bowels very loose. In a week, the boils were better, when symptoms of scarlet fever set in. The fever lasted twenty-four days and seriously affected him. After scaling was completed, the vesicular eruption noticed before the eruption still remained, but disappeared in about six weeks.

Arsenicum and Rhus were almost the only remedies given

from the first. Two weeks after scaling, acute nephritis appeared. In one night, the extremities became very much swollen and were like clubs; urine entirely suppressed. Aconite and Lycopodium relieved all bad symptoms in eighteen hours. Early in the morning of December 9th, he was seized with croup. The attack was violent from the outset, breathing difficult, crowing, gasping. Suffering from dyspnœa intense. Symptoms increased in severity until noon, when Hepar sulph. followed Aconite. Alcohol was boiled in the room, its vapor affording a little relief (perhaps no more than steam would have done), and much yellow mucus was expectorated. In the morning, small bluish patches were visible in the back part of the throat. At 2 P.M., examination revealed a thick continuous membrane of a bluish-white color, lining the larynx, covering even the epiglottis. One-half drachm of iodine was added to the boiling alcohol, and its vapor inhaled. In four hours, I could get no sight of the membrane, but all the parts were very œdematous. Respiration seemed much less impeded, and recovery was looked for. Nourishment was taken and retained, and for twenty-four hours the disease seemed to be under control. During the third day, however, the dyspnœa increased, although there was no cough. In the afternoon there was entire inability to swallow, and the child died in great agony on the morning of the fourth day. Autopsy showed a false membrane in the trachea and bronchi (much thicker in the latter) through almost its whole extent adherent to the mucous lining of their walls. No membrane existed within the larynx where it was plainly visible at first. The laryngeal walls were greatly thickened, the epiglottis was in shape like an acorn, and wholly immovable. Extravasations of blood into the surrounding tissues had taken place, and the whole cervical region had a highly congested look. Death was caused by the acute œdematous laryngitis which set in on the third day. The case is of interest in that œdema of the larynx, although almost invariably a second disease, rarely follows membranous croup.

Out of 245 cases reported by Lestier, not one was preceded by croup. And from 179 observed by Trousseau only one case occurred after an attack of croup, and then it was traceable to the use of strong caustics upon the croup membrane.

When the membrane was visible in the case last reported, the cough was that of true croup, hoarse and crowing, with difficult and prolonged expiration. After the four hours' inhalation of iodine, the cough changed to a kind of strained

whistle, and soon ceased altogether, while expiration was not so long as the inspiratory act, and performed with less difficulty. Desirous of seeing whether iodine would have any further action upon the pseudo-membrane remaining in the trachea and bronchi, I placed these organs (which had been two days preserved in 25 per cent. alcohol) in a five per cent. solution of tincture of iodine. When put into this solution the membrane was the same as when removed from the body (unless slightly hardened by the alcohol), parchment-like and consistent. When next examined six weeks later, all that remained inside the respiratory tube, was a whitish deposit which could be scraped up by a knife blade, but not removed in flakes. The iodine certainly acted upon the pseudo-membrane, before death as well as after; but did it also set up the highly inflammatory action which resulted in œdematous laryngitis?

These three cases are the only ones occurring at that time which were denominated croup. Nine or ten cases of midnight alarm, when children were found with spasmodic cough, hoarse, rattling respiration, throbbing carotids and staring eyes, received successful treatment by means of hot baths, cold packs, or dry friction in conjunction with the appropriate Homœopathic remedies, but were not called (after the manner of some practitioners) cases of croup.

Not until late in the fall of the same year, did diphtheria show itself in the Home, though there had been a few cases in the preceding spring. The first person attacked was a nurse, who had not been out of the house for six weeks. Constitutional disturbance had been observed for several days before there was any local manifestation of the disease, but no notice was taken of it. On November 22d, the pharynx was well filled with large mushroom-like patches, the fever was high, and prostration extreme. She was watched constantly for four days and nights, medicine and nourishment being given every half hour. In five days, she was considered out of danger, and was removed to her home on the sixth. Her recovery was slow but otherwise satisfactory. The only remedies used were the Biniodide of mercury, Kali bi., while a spray of thymol crystals in dilute alcohol was used locally. When taken sick, the last patient was nursing a three-months-old infant which had painful excoriations in axillæ, groins and behind the ears.

The child was tended carefully and the utmost cleanliness observed; still, while the mother was growing ill these sores would not heal. On the first day of the mother's illness, they

rapidly grew worse. In twenty-four hours, they extended from ears to neck, and then to the arm-pits. In twenty-four hours more, a ring of ulcerated patches encircled the neck. A diphtheritic process seemed to have been set up in them, and the growth of the patches outside the baby's neck, kept pace with that of the spots inside the mother's throat. No pus or any other discharge exuded from them. Large, moist, yellowish, fetid scales, or flakes came off when the neck was bathed in warm water, and their odor was like that of malignant diphtheria. These sores continued thirteen days, invading new tissue or being reproduced on old sites. The stools were frequent, profuse and very fetid. Treatment was begun by giving the remedies administered to the mother. These failing to do any good, other means were sought. Different physicians saw the child and prescribed Ars. iod., various preparations of Mercury, Phytolacca, Nitric acid, and Silicea, but nothing seemed to have much effect. Under Silicea 6^{x} the constitutional symptoms began to improve, and on the fourteenth day dilute cow's milk was retained for the first time. Condensed milk, arrow-root tea, gum-arabic water had been used previous to this, but little or nothing was retained. Cosmoline was used on the linen in which the child was swathed, the sores covering the whole body above the line of the nipples. The only external application which gave any relief was a wash of equal parts of glycerin and water, containing a few drops each of Hydrastis and Myrrh. Under this application and the internal use of Silicea, she seemed much better, retained full quantities of milk, slept quietly much of the time, had natural evacuations from bowels and bladder, the fetid odor left the sores, which were reduced to a band an inch wide about the neck. The improvement continued for five days, when symptoms of cerebral anæmia set in, and on the twenty-first day from the attack the child died. Two cases of diphtheria followed, in children six and eleven months old, but recovery occurred, in one instance after eleven, and in the other after seventeen days. The treatment was Phytolacca and Kali bi.

The cause of the disease exerted its influence all over the house, for next a two-year old child in a nursery remote from these was affected. The pharynx was filled with large scab-like patches, very offensive to sight and to smell. The strength of this patient kept up wonderfully, for, on the sixth day after the patches were first seen, and she swallowed with difficulty, she was able to walk across the room, and forcibly resisted any attempt at local treatment. So long as the pharynx only was the seat

of the disease, the patches were for the most part left to take care of themselves, while carefully selected remedies were given. On the seventh day, increased difficulty of breathing and deglutition gave evidence that the diphtheritic process was extending downward, while, on the eighth day, the too-familiar croupy cough, the gasping for breath, and anxious expression of countenance showed that the trachea was invaded. (The *American Journal of Obstetrics* for May, 1884, records a case quite similar to this at this juncture.) Remedies which had proved successful in other cases, failed to make any impression on our little patient. Bromine seemed perfectly well indicated, but did no more good than cold water. The child's mother administered simple emetics, which relieved the throat of much mucus, but gave no permanent relief. A fair trial was given to burning tar and turpentine in the room; inhaling the smoke produced ease of breathing and quiet sleep for a time, but the paroxysms of coughing returned with even greater violence. On the eleventh day (the child's strength rapidly failing), a second remedy was used in addition to Kali bi., which had kept the patient alive thus long. Thirty drops of the tincture of Sanguinaria were put in a glass of water, and a teaspoonful given every half hour. Beef tea was given in the intervals. Almost at once the cough became easier, great quantities of mucus and membranous shreds were expectorated, liquids were swallowed with greater ease, and quiet sleep followed. This improvement continued uninterruptedly for fifteen hours, when the writer was, in turn, prostrated with diphtheria. Again the child grew worse, and an allopathic physician was called in. Lime was slaked in the room, the medicine was changed, but in twelve hours the child died.

From careful consideration of these and numerous other cases occurring in practice soon after, the doctor adds to her notes the following summary, as regards the difference between diphtheria and croup:

a. "Croup often attacks children apparently lusty and strong, apparently, because in the majority of cases the patient will be one who was formerly subject to laryngeal difficulties or else is one whose scrofulous habit predisposes to such complaints. At the on-coming of the disease, however, the child seems to be in his usual state of health. Diphtheria, on the contrary, rarely if ever attacks any one not previously debilitated from imperfect nutrition, unhygienic surroundings, over-work, or undue mental strain.

b. "The progress of the disease in the one case is quite different from that in the other. Diphtheria has none of the

well-known remissions of croup; the disease advances, with increasing debility and nervous exhaustion until the height of the disease is reached, and death or convalescence follows.

c. "The fever is different. In croup, it is present in the beginning, and recurs when paroxysms of coughing set in, or when dyspnœa is at its height. In diphtheria, the degree of heat depends more upon the constitution of the patient. Some serious cases have but a slight elevation of temperature, while a very light case, in a person of congestive type, will send up the mercury to an apparently unwarrantable degree. The high temperature, however, is only at the beginning of the disease; later on, the fever falls, and the most dangerous cases may have the lowest temperatures.

d. "The odor proceeding from diphtheritic deposit is one of its unfailing diagnostic signs. Nothing like it belongs to the pseudo-membrane of croup, or to the large accumulation of mucus sometimes incident to the disease. The odor, once recognized, is not forgotten and can never be confounded with that from decaying teeth, nasal catarrh, or a foul stomach.

e. "The action of remedies in the two diseases is quite different. Those which, in the beginning of croup, as in ordinary catarrhal affections of the larynx, will keep the mucous membrane free from any deposit, will have no effect upon the exudation which results from the specific blood-poisoning of diphtheria.

"The *local* action of drugs also *differs* in the two maladies. The first substance experimented on was Alcohol 45 per cent. Stronger than that, it has an unfavorable effect upon mucous membrane. In croup, the inhalation of its vapor for a number of consecutive hours or its use in the spray had no effect beyond clearing the fauces of what loose mucus obstructed the passage. In diphtheria it does this also, but it has a more decided action upon the false membrane, loosening it by separating its particles, and partially dissolving them. Liquor potassæ and lime-water, which Professor J. Lewis Smith considers the best solvents of the diphtheritic membrane, gave indifferent results. In croup, whether used in the atomizer or as a vapor from slaked lime, no good or lasting effect was produced by these agents. After death, in a strong solution of either of these caustics, croupous as well as diphtheritic membrane readily dissolves. Myro-petroleum is highly recommended by some as an outward application to the throat and neck in diphtheria. Several dangerous cases in which I have used it, have recovered, but I am not prepared to say how much they were influenced by its use. Of all the agents

used in the local treatment of diphtheria, crystals of Thymol (dissolved first in strong Alcohol, and then diluted twenty times with water), in the above epidemic have acted best. This substance seems to do all that anything applied locally is expected to do; it quickly and effectually clears away mucus, and detached shreds of the patches; it does much to stop their growth and reproduction; it deodorizes and disinfects the breath and sputa, so lessening the chances of contagion. Upon croup membrane, thymol has no more effect than upon the fibres of beefsteak. If anything could be found to dissolve or disintegrate the membrane of croup, we would be a long way on the road to cure intractable cases. Sanguinaria surely loosens it from the mucous membrane underlying, but when fairly tried in two marked cases, it did not break up the pseudo-membrane so that it could be expectorated, though there was sufficient strength to make the expulsive efforts.

"In all local treatment in diphtheria, let us remember that removal or reduction in the size of the patches, by no means cures the disease. No application should be so strong in itself or so forcibly applied as to injure the mucous membrane of the throat. It is a bad sign if blood starts, for so greater opportunity is offered for the absorption of diphtheritic or septic matter into the circulation. Cleansing and disinfecting are the most to be expected of gargling or the spray.

"The contagiousness and non-contagiousness of croup and diphtheria has engaged the attention of many interested in the subject. So far as the writer has had opportunity to observe, croup is in no wise contagious. The breath of those affected with croup has been inhaled by other children with no bad result; and towels and bed clothing, even mucus and shreds of membrane have been handled by them with impunity. With diphtheria the case is different. While many of the worst cases of diphtheria run their course without affecting inmates of the same room, even those in constant attendance on the sick, yet scores of cases are on record which have been contracted by the reception upon tongue or lips of the smallest portion of material ejected from a diphtheritic throat."

A RESUME OF DIPHTHERIA LITERATURE FOR THE YEAR 1884-1885.

BY W. W. VAN BAUN, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

DURING the past year a number of novel and interesting researches have been made to ascertain the cause of diphtheria,

Dr. C. J. Renshaw, of England, experimented on rabbits, frogs, etc., with blood from diphtheritic and scarlet fever patients, the grayish white membrane of diphtheria, and the pseudo-membrane of membranous croup.

He observed that the membrane from membranous croup and the yellowish-white membrane of diphtheria had no effect on the animals inoculated, while the grayish-white proved rapidly fatal in every case so treated.

From the results he deduced the following: That diphtheria is different from membranous croup; that it is different from scarlet fever; that it is a disease of itself of a highly dangerous character.

The same experimenter believes it is conveyed by contagion, at the same time admitting that it may also arise *de novo* from a mixture of animal and vegetable matter in decomposition under certain circumstances; but there is little, if any, evidence to show that it is conveyed by sewage or by animal or vegetable decomposition alone.

Loeffler, in a recent article, states that to-day there can be no doubt that the diphtheritic poison is due to a living organism. The question is simply to find and isolate the organism, and then to prove its causal relation to the disease by a demonstration of the three fundamental conditions.

1st. The organism must exist in typical abundance at the seat of the characteristic lesions of the disease.

2d. It must be isolated and submitted to a "pure" culture.

3d. By inoculation of products of this culture, it must be possible to excite the typical disease in one or more species of animals.

All observers have found bacteria in diphtheritic pseudo-membrane. In the majority of cases, the bacteria described have been micrococci, usually in colonies, and those nearly always on the most superficial part of the membrane, rarely in the lymphatics of the affected parts.

According to Loeffler, the micrococci are morphologically identical with those found with any infectious disease associated with lesions of mucous membranes, such as variola, typhus, or puerperal fever.

He believes that, in diphtheria as in the above diseases, the micrococci are accidental complications. The other principal form of micro-organism observed by him (Loeffler) consisted of bacilli; these he considers identical with those described by Klebs in 1883. These are motionless rods, partly straight, partly curved, of about the length of the tubercle bacillus, but

of double the breadth. These rods are present in great abundance in diphtheritic pseudo-membrane, and do not lie on the surface like a mass of heterogeneous accidental bacteria, but underneath the outer layer, and accompanied by a rich abundance of cells. These bacilli are never found in the internal organs, in the bloodvessels, or in the lymphatics. Thus there is no reason to suppose that they act by penetrating the organism, but if they are really the diphtheritic virus, produce a poison at the seat of their implantation, which first causes necrosis of the tissues in immediate contact with them, then enormous dilatation of paralyzed vessels, through the injured walls of which the fibrinogenic lymph exudes, infiltrating the necrosed tissue. The same poison, passing into the circulation elsewhere, injures the bloodvessels in like manner, causing parenchymatous congestion, fibrinous exudations on free surfaces, and ultimately paralysis of nerve-centres and death.

In a certain number of cases of typical diphtheria, no such bacilli were found, although other bacteria were present; it is suggested that they might have died and been eliminated before the death of the patient.

While Loeffler claims that the chained micrococci are really accidental complications in diphtheria, he admits that they may sometimes excite a disease resembling diphtheria.

Inoculations from the 25th culture of the new bacilli produced a whitish exudate, and proved rapidly fatal in every instance. The chained micrococci were inert.

The objections to Loeffler's bacilli are: That the bacilli were absent in some cases of diphtheria; that in the artificial pseudo-membrane they were not present in typical quantity; that they had no effect upon animals by simple contact with their mucous membrane, except when there was an abrasion.

Jacobi admits that Loeffler's experiments have approached nearer than any others to the solution of the preliminary question, What is the micro-organism that is the causal agent in diphtheria?

Anatomical Characters.—The nostrils, buccal cavity, fauces, the larynx upon and above the superior vocal cords, with the exception of its anterior aspect, are covered by squamous epithelium.

The pseudo-membranes on these surfaces consist of the exudate from the blood which surrounds and permeates the epithelium, or epithelium and subjacent connective tissue. Two distinct elements, one poured out from the bloodvessels, the other from the normal tissue of the mucous surface now

dead, incorporated in one mass, constitute the pseudo-membrane. Its intimate relation with the surrounding living tissue is such, that it cannot be detached without laceration and bleeding of the underlying surface.

The anterior part of the larynx from the middle of the epiglottis downward, the larynx below the superior vocal cord, the entire trachea, and the bronchial tubes are lined by columnar epithelium.

Where this variety of epithelium is present, the exudate from the blood does not become incorporated with the mucous membrane, but escapes to the surface and coagulates in a layer over it. It is loosely adherent to the underlying tissues, being attached to it merely by some fibrinous threads—when peeled off, the mucous membrane is seen to be hyperæmic and swollen, but intact, unless the epithelium, as is usually the case, has been shed and expectorated. This loose attachment of the pseudo-membrane in the trachea and bronchial tubes is of great significance in its relation to tracheotomy.

Herschal reports a number of cases of functional disturbance of the eyes, following diphtheria of the fauces. One case in particular is of great interest. A girl, æt. 10 years, in whom asthenopic trouble had begun so that she was able to read with her left eye only Jaeger No. 11, and that with great difficulty. Ten days later she could read only No. 6 with both eyes, and soon afterwards the energy of accommodation became still more feeble. Further, the movements of a hand before her eyes fixed in straight-forward vision, upwards, downwards and sidewise, were not perceived. All evidence of irritation was wanting, and the retina appeared normal.

Soon after this the power of accommodation improved, and with it the field of vision became enlarged, so that in three and a half weeks the condition was again normal.

Tweedy, in the *London Lancet*, June 14th, 1885, reports similar cases.

A number of cases of diphtheria have been reported, which have lasted an unusually long time, having assumed a chronic type, without losing its contagion.

Wins recites a case which came under his observation in which diphtheritic patches were reproduced a number of times, the process continuing until the seventieth day.

Cadet de Gossicourt has recorded cases of pharyngeal and nasal diphtheria of 45 and 151 days' and one of laryngeal diphtheria of 55 days' duration.

Barthez lays especial stress on the fact that the membrane

may exist for a long time (months) before being exfoliated and expelled.

Empis and Isambert report similar cases.

Adams, in the *American Journal of Obstetrics*, for August, 1884, advances the theory that sudden death in diphtheria is not invariably due to paralysis of the heart; he claims, citing the views of Landois and Le Gallois in his support, that if paralysis of either the cardiac, respiratory or vaso-motor centres takes place, death quickly follows. The three centres are situated in the medulla; their power of resistance is different, as only one seems to be affected at a time.

He reports a case of a boy, æt. 16 months, who died suddenly on the twelfth day from symptoms indicating paralysis of the lungs, or, in other words, paralysis of the par vagum.

The alkaline method still holds its sway as the favorite treatment. The chemical solutions recommended by Bretonneau and Trousseau for disintegrating pseudo-membrane have fallen into disuse, the severity of their action occasioning disaster rather than benefit.

Lime promises the best results, either by keeping the apartment more moist by means of the croup kettle, or by pans of hot water over the fire into which a lump has been placed, or in the form of a vapor, both by means of a canopy over the bed, or, by what is still better, as soon as croup symptoms arise, the continuous use of a heavy steam spray of rather turbid lime water, to which has been added one or two and a half per cent. of liquor potassæ. This, according to Dr. J. Lewis Smith, is an efficient and unirritating solvent for the false membrane. He (Dr. Smith) claims that this will also render thinner and of easier expulsion the muco-pus which collects in large quantities in the bronchial tubes, which is expectorated with difficulty on account of its viscidity.

The eminent author of the article on *Diphtheria* in the first volume of the *American System of Medicine*, speaking of the use of steam, says: "It can only be expected to increase the secretion from the mucous membrane, and thereby throw off the subjacent membrane when there is a natural tendency to it—that is, where there are a great many muciparous follicles under a columnar or ciliated epithelium." He (Jacobi) claims he has repeatedly seen children with croup become less cyanotic after their removal from an atmosphere of vapor, and he can readily see that pure atmospheric air would be more agreeable and wholesome to a child with stenosis of the larynx than an atmosphere laden with steam.

The solvent for pseudo-membrane occupying the attention of the medical world at present, is a physiological one, trypsin, a digestive ferment secreted by the pancreas.

It was first elaborated by Prof. W. Kühne, of Heidelberg, who used it for histological demonstration. Dr. Van Syckel, of New York, having observed its use in the laboratory of the above gentlemen, was led to use it as a solvent for diphtheritic pseudo-membrane; the result was gratifying.

Dr. H. D. Chapin employed trypsin in a liquid form in the shape of a spray, and found it to quickly dissolve the pseudo-membrane *in situ* upon the larynx removed from an infant that had succumbed to diphtheria.

Dr. J. L. Smith has used it with satisfactory results. His method is to pencil the fauces every half hour with a solution made by adding to six teaspoonfuls of water, a teaspoonful of a mixture of one drachm of Fairchild's extract of pancreatis to three drachms of sodium bicarbonate.

Jacobi, in the article above referred to, does not enthuse over solvents for pseudo-membrane, whether as lime-water, glycerine, lactic acid, pepsin, papayotin, chinobin, or pilocarpine, doubting if there is time sufficient to afford an opportunity to produce a curative effect.

Edel recommends turpentine inhalations. The method of using this drug is to float a tablespoonful of the oil on water, which is kept boiling on a stove or over an alcohol lamp.

Delthi also speaks highly of the beneficial results derived from the use of the hydrocarbons.

Ammonium chloride, for its softening and liquefying effects, is still used by many, either internally or as a vapor.

Internal Treatment.—Mercury reigns autocratic. In the *Medical Record* a physician in Western Pennsylvania reports a case of a child, æt. 28 months, to whom he gave twenty grains of calomel on the tongue to commence with, and afterwards ten grains each hour for three days, when 720 grains had been taken. A rapid recovery followed. One cannot help but admire the *vis medicatrix naturæ* of this child. The mercurial preparation receiving the greatest attention at present by the dominant school is one long familiar to our own. I refer to the merc. jod. ruber. The new advocates of this drug claim to have been led to its use in their search for a germicide. It is recommended by Drs. Thallon, Pepper, Armor, Skene, Jacobi, and others.

Adjuvants.—According to Jacobi, water taken in large quantities is serviceable; it causes copious perspiration and the same effect is produced on the mucous membrane.

Cold and ice are considered by some most valuable remedies in affording relief; by others they are strenuously opposed.

In case of great prostration, while unlimited internal stimulation is advised, it is claimed that the hot bath or hot pack, and hot injections into the bowels will be found beneficial. In the *Medical News* for April 25th, 1885, will be found reported four cases of diphtheria and diphtheritic sore throat in which a 4 per cent. solution of Hydrochlorate of cocaine was applied to the throat, with uniform and remarkable results.

Surgical Treatment.—Dr. O. Dwyer, of New York, with an improved tube, has revived the method taught by Bouchut in 1858, of treating croup by tubage of the larynx. A number of successful operations are reported. The method is not likely to be received with much enthusiasm, as it offers no relief for cases where the pseudo-membrane extends beyond the larynx.

Tracheotomy.—The weight of testimony is in favor of tracheotomy, when notwithstanding careful medication and local treatment, there is evidence of increasing stenosis,—consequent dyspnœa, with or without lividity of surface.

The earlier the operation the greater the chance of success. The poor results lie in the want of success of the after-treatment. Usually on the third day after the operation, the temperature rises, showing an extension of the formation of the pseudo-membrane in the trachea, even into the bronchi, and in some instances marks the onset of broncho-pneumonia.

To prevent the false membrane forming, surgeons have allowed lime-water to trickle down the trachea. This has not proved a success. At present trypsin seems to promise better results. It should be used in the following manner.

A spray of a mixture of extractum pancreatis and sodium bi-carbonate in water, or trypsin in a liquid state as prepared by Fairchild, should be thrown into the trachea and bronchi as soon as there is evidence of their involvement in the disease.

Dr. L. A. Falligant has recommended the following treatment, claiming remarkable results:

R. Hepar sulph.^{ix}, ...	gr. j.
Spongia θ, ...	gtt. v.
Kali bichrom. (crude), ...	gr. j.

Mixed separately, in about half a glass of water, to be given alternately every half hour, day and night.

In addition, he employs a steam atomizer, putting in the supply cup some lime-water to which is added 20 or 30 drops of turpentine dissolved in sulphuric ether, prepared as follows:

turpentine 1 part, ether 6 or 7 parts. The atomizer is used five or ten minutes every hour day and night.

Dr. E. M. Hale, in the *American Homœopathist*, calls attention to the favor with which the cyanuret of mercury is held, not only by our own school, but by certain old-school physicians as well. The well-known chlorine treatment of Dr. Neidhard has received further indorsement during the year.

THE SINGLE REMEDY AND THE MINIMUM DOSE.

BY AUG. KORNDOERFER, M.D., PHILADELPHIA.

In dispassionately reviewing the first portion of this subject, we must arrive, with Hahnemann, at the following conclusions:

1st. That each drug has a specific action upon the human organism. Such action is made known to the observer through certain changes in the physiological status of the prover, manifested through certain symptoms and signs of disease; and, further, that such symptoms and signs present certain distinguishing features, through which the educated observer is enabled to differentiate drugs in their therapeutic application.

2d. That, while the human body is under the influence of a given drug, the introduction of another drug, if of sufficient potentiality, will modify the action of the first, either as to quantity, quality, or kind of action developed.

3d. That such modification, when the drug has been given for the cure of disease, must be either for good or ill. Good, if the second drug acts as a complementary; ill, if as an inimical agent.

Hahnemann says, *Organon*, § 273: "It is impossible to conceive how the slightest doubt can still exist as to whether it is more consonant with nature, or more rational, to prescribe in a given case of disease a single well-known remedy alone, or to give a mixture of a variety of drugs."

And, in § 274: "The true physician finds all that he possibly can wish for, in the administration of simple, single, and unmixed medicines (artificial morbific forces which, through their homœopathic power, have the ability to fully reharmonize the system, thereby eradicating and durably curing disease). Therefore, in accordance with the maxim that 'what is possible through a simple medium, it is wrong to seek to effect through multiple means'—it will never occur to him to give more than one such single, simple medicine at a time.

"Further, because it is an established fact that even if the specific action of such single medicines were thoroughly proved upon the healthy, it would be impossible to foretell how two or more medicines in a compound might impede and modify one another. While, on the other hand, one such simple medicine, whose symptoms are accurately known, when administered homœopathically, in disease, relieves completely, and alone."

The idea of the employment of a single medicine at one time, as one prescription, and that the selection of such remedy be based upon the totality of symptoms, in accordance with the law of *similia*, runs throughout the writings of Hahnemann. We nowhere find an expression signifying approval of compound prescription, or of *a priori* alternation of remedies.

Thus, in § 18 he speaks of the "totality of symptoms" in each individual case of disease as being "the only indication to guide in the choice of *the* remedy."

In § 104, he speaks of selecting "*a* remedy" which "produces symptoms strongly similar to those of the disease."

In § 147, "Among such of these medicines, which have been thoroughly investigated as to their power of altering human health, we must give that *one* which, among its observed symptoms, approaches most nearly the natural disease. This remedy will, it must, be the most suitable, the most surely homœopathic remedy. In it, is found the specific remedy against this case of disease."

In § 118 and § 119, is asserted the principle that "each medicine produces effects peculiar to itself," and "differing from all other drugs." In § 120 is urged the necessity of carefully proving each drug so as to discover its peculiarities.

From these few references, it will be evident that Hahnemann looked upon the use of the single remedy as the typical method of prescribing remedies against disease.

The *a priori* alternation of remedies which, from time to time, has been put forward as Hahnemannian, finds no place in the *Organon* or *Chronic Diseases*.

The manner of alternation employed by Hahnemann was that which is in conformity with the change of symptoms, the remedy being changed only when the symptomatic indications called therefor. Confirmation of this statement may be found in footnote to § 40, and in §§ 169, 171, 248, 272, etc., as well as in various passages in the *Chronic Diseases;* which latter in order to be fully understood must be read in the German originals, the translations being entirely *too liberal* to convey the true meaning.

That cures do occur under such alternate use of remedies cannot be denied, but that more speedy or more sure cures are, as a rule, not effected, is evident to every careful observer of both methods of practice. Hahnemann cautions against such practice as well as that of giving two medicines at one time, in footnote to § 272, in the following words: "Some homœopathic physicians have made the experiment, in cases where for one portion of the symptoms of a given case of disease one remedy seemed indicated, and for another portion a second remedy appeared homœopathically suitable, of giving both medicines at the same time or nearly so. But I warn most earnestly against such hazardous practice, which is never necessary, even though at times it may appear serviceable."

Hahnemann's views, relative to the single remedy, were, no doubt, based upon the results of much and thoughtful observation. With all his astuteness, he failed to discover any intelligent method of alternation other than that which grows out of the alternation of the symptoms in any given case of disease; those less gifted should hesitate before proclaiming their knowledge of another. On the other hand, the occasional reports of cases, in which two remedies appeared to be especially adapted to different features of a given case, each having been given separately, and failing to afford relief, the two then being given in alternation and rapid cure following, must lead one to hesitate before unqualifiedly accepting the "never." It would seem quite possible that a given nerve or set of nerves might be favorably responsive to more than one stimulus, if applied under law. But the law of application must yet be discovered. In my own experience, the single remedy has proved the most reliable, and for many years the only, method; still, as we all look forward to great improvement in every other direction, may we not hope that, in a large number of those cases which we now call and find incurable, succor will be afforded, and cures made possible, either through new drugs, of which nature is so prolific, or possibly through a more intelligent use of the old? Pending such time, let us make the best use of the old in accordance with known law, and where faithful efforts result only in failure let us seek for new light, each according to his talent—not chiding but correcting one another.

Grauvogel imagined that he had discovered the governing principles of alternation, but the fruit of his investigation fell far short of the promise in the flower. Other investigators have equally failed. In view of such facts, let us seek through

all the avenues of science to develop more fully the *old truth* given us by Hahnemann, and if, in our investigations, new light shines in upon us, let us rejoice and be glad. Thus shall truth be added to truth, and knowledge to knowledge, till the full light of eternal day gladdens the earth.

In regard to the minimum dose, great variance of opinion still exists; some interpreters of Hahnemann's views would make him to use exclusively the smallest conceivable or rather inconceivable quantity possible: others read in his teachings the widest possible latitude; still others discard his teachings altogether, declaring that drugs in their crude state are both more useful and more reliable than any potencies derived therefrom. Let us refer to the *Organon* for a moment, and critically review Hahnemann's theories upon the question of *dose*, as given in § 275 to § 287, inclusive. Much there written is theoretical, as, for instance, the assertion that a single drop of the first dilution produces an effect scarcely double that of one drop of the second dilution, etc. Also conjectural, as where he says that he has seen a drop of the decillionth dilution of Nux vom. tincture produce exactly half the effect of a drop of the quintillionth dilution under identical circumstances and in the same person.

Having only his judgment to depend upon in forming such conclusions, there being in his day no precision-instruments employed for the exact measurement of nervous or dynamic effects, we must receive such theoretical conjectures *cum grano salis*. Notwithstanding these theoretical notions, the suggestions, found in § 278 and § 279, afford most excellent rules for our guidance in the selection of the dose. In fact, in § 278 he condemns all theoretical conjectures; it reads as follows: "The question here arises as to what the smallness of dose shall be for such sure and gentle relief. How small must the dose of each remedy be, in each case of disease, in order that the best cure may be attained? We can readily perceive that, to determine this and to designate for each remedy the dose which, for homœopathic curative purpose will be enough and yet be so small that the gentlest and surest cure may through it be reached, is a problem which cannot be solved either through theoretic conjecture, or speculative thought, or subtle reasoning. It can only be determined through pure experiments, careful observation, and real experience; and it were folly to adduce the large doses of the old school, which do not influence, homœopathically, the affected portions of the organism (but only such parts as are free

from disease), as an argument against the necessary minuteness of the doses which pure experience pronounces requisite for the purpose of a homœopathic cure."

And in § 279: "This pure experience shows throughout that, when the disease (even though it be chronic or complicated in character) is not dependent upon a considerable deterioration of a vital organ, and that, during the treatment, the patient is protected against all extraneous medicinal influences, the dose of the homœopathically selected remedy can never be prepared so small that it will not be stronger than the natural disease; and that it will have the power to extinguish at least a portion of the same, so long as it is capable, immediately after its administration, of causing even a slight exacerbation of the symptoms" ("moderate homœopathic aggravation," §§ 157–160). This last clause is too frequently forgotten.

It cannot be doubted by any real thinker that quantity, as well as quality and kind of substance, must be considered in a thorough study of homœopathic posology, but it is just as evident, despite all the advance in other directions, that up to the present no more definite or accurate rules for the selection of the dose have been discovered than those practically in use a half century ago. That the dose may, yea, often must be inconceivably small, we all have experienced. Though how small, yet still competent, remains an unsolved problem.

We may, however, in nature's laboratory, find some practical hints which may serve us well if we but heed them. She employs both large quantities of crude materials and small portions of the same in most dilute form, in accordance with her needs. She is often dependent upon extreme dilution for the successful issue of her work. In many instances mere presence appears to be sufficient, as in catalysis. In the chemist's laboratory, a mere trifle will bring to naught a delicate reaction. The human body, that most delicate laboratory of nature, in which are gendered from the selfsame elements, tissues so varied in character and use, is it not more sensitive in its reactions than man's devised chemistry? Take, for instance, the various protein compounds in the numerous modifications of Albumen, Fibrin, and Casein; a few atoms, more or less, of carbon, hydrogen, oxygen, and what surprising change occurs. In fact, look where we will in organized life, we are confronted with this great variety, both in the forms as well as in the properties of matter, the constituents of which are not only the same, but number so few. The feature to be borne in

mind is force. This, though wonderful in the inorganic world, is manifested in still more striking variety all through organized life. Force in kind is really the potent factor; matter, even though of chemical identity, when brought under the influence of the vital dynamics, yields its plastic form to be fashioned according to nature's need.

Applying these thoughts to the subject of dosage, we may infer that, under many circumstances, the potency of force, inherent in the drug, may, in its action upon the human system, be independent of the mere quantity of drug-substance. Thus it may be, as with many chemical solutions, special activity is developed through dilution; while in other cases *quantity*, as well as quality and kind, may be a prerequisite to the successful employment of a given remedy. It may, however, be held as axiomatic that the dose should never approach in quantity that commonly employed by the old school.

If it be true (and who can doubt it?) that so slight a variation in the elements, of which vitalized tissues are composed, will, through the action of the vital forces, be sufficient for the development of most varied tissues, is it unreasonable to suppose that even the slightest deviation in these elements, through the action of an extraneous force, will cause such tissues to assume a morbid action? This thought will prompt the query, Will not such extraneous force yield to equally minute but potentiated reagents? In fact, may not just such reagents be the most potent factors in bringing about a change in the atomic relationship which will prove favorable to the restoration of the normal stimulus?

In such cases, we would lose much by striving to accomplish through crude drug power that which is only attainable through the use of agents which have been brought to such a degree of subdivision that they are capable of acting dynamically against the disharmonizing force, the vital force being, through such dynamic effect, enabled to again act in its normal channel, owing to the reharmonizing of the relationship of the atoms of which the tissues are composed.

Again, we should observe the fact that in many, probably in all cases, not only is the intensity or quantity of force varied with the quantity of drug substance, but its sphere of action is modified by the degree of dilution with potentization. Thus, we find the higher potencies developing symptoms not to be found in the action of the lower, while the lower and crude preparations produce symptoms never observed as resultant from the higher. The condition of molecular freedom may

account for this difference in action observed in the high and low potencies. This explanation is rendered more probable when we remember the results of Crook's experiments upon matter in the gaseous, and ultra-gaseous or ethereal states. He demonstrated quite conclusively that matter, in the ethereal state, manifested phenomena peculiar to that state, which phenomena were sufficient to distinguish the ethereal from the gaseous state of the same matter. May it not be thus with our potencies? Experience thus far appears to confirm this view. Experiment alone will answer.

In conclusion, we may sum up Hahnemann's teachings, regarding the dose, as follows:

1st. The dose must be infinitely small as compared with the usual dose of the old-school *Pharmacopœia.*

2d. The dose should be of potentized character. The more accurately prescribed, other things being equal, the higher may be the potency.

3d. The dose must, however, be large enough to promptly excite some exacerbation of the existing symptoms.

4th. The dose may be given in portions, *i.e.*, broken doses. Hahnemann recommends this plan in Vol. III., *Chronic Diseases,* published in 1837; he suggests giving a solution of one or more globules of the appropriate remedy in from seven to twenty tablespoonfuls of water, to which a small quantity of brandy is added, of which solution he recommends, in acute diseases, a tablespoonful every six, four, or two hours, or in very severe cases every half hour. Delicate persons and children receiving a smaller quantity (tea- or coffee-spoonful), but at similar intervals. In footnote to § 246, *Organon,* Hahnemann recommends, in dangerous cases of acute disease, which may run a rapidly fatal course (as cholera), a dose to be given as often as every five minutes.

5th. The molecular state of the solution should be changed each time before repetition of the dose, by giving to the solution at least one or two successions.

TWENTY-FIRST ANNUAL SESSION OF THE PENNSYLVANIA STATE SOCIETY.

Wednesday, September 23*d,* 1885—*Morning Session.*—The Society was called to order by the President, Dr. John E. James, after which prayer was offered by the Rev. Dr. Richards. Dr. B. F. Betts, President of the Philadelphia County So-

ciety, delivered the address of welcome, which was responded to by the Vice-President of the State Society, Dr. D. Cowley.

Dr. James then delivered the President's Annual Address, in which he spoke flatteringly of the progress made by homœopathy in our State and elsewhere. Among the suggestions offered, he recommended that more attention be paid at the annual meetings to discussion of the live subjects of the day. To effect this, each Bureau should select some practical subject, have at least one or at most two short papers prepared that would fairly open up the subject to a complete discussion, then assign to the other members of the Bureau a certain portion upon which he is to prepare and take part in the ensuing debate. All this could be done, Dr. James thought, without modifying a single by-law, or without interfering with the presentation of papers on new remedies, verification of symptoms, or original investigation in any department of medical science. The address closed with a few fitting remarks on the irreparable loss sustained by the Society in the death of Dr. Caruthers.

A vote of thanks was extended to Dr. James for his able address, which was referred to a committee consisting of Drs. J. K. Lee, of Philadelphia, J. H. McClelland, and John R. Reading.

The roll-call showed to be present 103 active and 2 honorary members, besides 35 visiting physicians and 6 visiting clergymen.

The Treasurer presented his report, showing the Society to be indebted to him to the amount of $95.40.

The reports of the committees on Publication, Legislation, Subscriptions and Organization, Registration and Statistics, were each received. The report of the delegates to the American Institute was made by Dr. Millie J. Chapman, of Pittsburgh. The necrologists' report gave obituary notices of four members who died during the year past, namely, Drs. George Hosfeld and Henry N. Guernsey, of Philadelphia; R. E. Caruthers, of Allegheny; and J. E. Pursel, of Renovo. Drs. J. H. McClelland, W. R. Childs, J. K. Lee, of Philadelphia, and Wm. B. Trites, were appointed a committee to draw up resolutions on the deaths of the gentlemen named.

The Board of Censors reported favorably on the applications of the following physicians for membership: Drs. G. Maxwell Christine, John V. Allen, Horace E. James, J. Wilmer Strong, O. S. Haines, Wm. Peacock, Biddle R. Marsden, M. J. Gonzalez, J. H. Deardorff, J. William Giles, C. H. Baker, Chas.

Arthur, Chas. N. Schellenberger, F. Buchman, and Wm. H. Keim.

Dr. Jos. C. Guernsey offered the following resolutions concerning the illness of Dr. E. A. Farrington:

Whereas, The Homœopathic Medical Society of Pennsylvania, now in session in Philadelphia, learn with regret of the severe illness of our colleague, Dr. E. A. Farrington, which prevents him from meeting with us on this occasion:

Resolved, I. That we greatly miss his valuable contributions on Materia Medica, the able part he took in our discussions, and his genial and encouraging presence.

II. That we hope soon to learn of his complete restoration to health.

III. That the Secretary be instructed to forward a copy of these resolutions to Dr. Farrington.

The resolutions were unanimously adopted.

The report of the Bureau of Materia Medica, Dr. E. Fornias, chairman, was next received. Two papers were presented; the first, by the veteran Dr. C. G. Raue, was listened to with marked interest by all present. Its title was, "On the Symptomatic Treatment of Disease." Its nature was such as to make it impossible to give an adequate idea of the matter presented in an abstract.

Afternoon Session.—Dr. Eduardo Fornias presented a paper on "Exotic Drugs for Provings." In this paper the author called attention to a large number of drugs not well known to us, yet extensively used as domestic remedies in Cuba and South America. The matter presented by the writer was so thoroughly condensed as to make it impossible to give any abstract of the paper. (This paper will be reprinted in full in the Hahnemannian, after the *Transactions* have been issued.)

There was no discussion on the report of the Bureau of Materia Medica.

The report of the Bureau of Sanitary Science was presented by Dr. J. B. Wood, of West Chester. A paper by Dr. E. C. Parsons, of Meadville, on Infantile Hygiene, was read in abstract. Papers were also read by Dr. B. W. James, on "Meteorological Influences upon Health and Disease;" by H. J. Evans, M.D., on "Milk as a Vehicle of Disease;" by J. B. Wood, M.D., on "House Sanitation," and by Pemberton Dudley, M.D., on "The Cesspool as an Originator of Zymotic Disease." The discussion of the Bureau report turned almost exclusively upon the last-named paper. The accumulation of human excrement about human habitations, the writer claimed, was a prolific cause of disease. In support of his position he quoted the observations of Renshaw, who reported

a number of cases of diphtheria which had unquestionably arisen from exposure to the emanations from the decomposition of animal and vegetable matters in manure heaps. He then gave in detail a number of observations of his own, bearing on the same subject. Case 1 was that of a fatal case of diphtheria. The only possible cause that could be given was, that the child while in the country played for hours in a yard in which there were foul exhalations from a cesspool. Case 2 was a mild case of diphtheria arising from a similar cause. Case 3 was one of remittent fever of typhoid type; within ten feet of this patient's room-window were four cesspools, and within thirty feet no less than ten. The odors from these were foul indeed. Case 4 had malarial chills, followed by fever and sweat. This case also was probably due to the influence of a foul yard-watercloset. In closing, the writer gave an account of a case which bids fair to be historic. In a dwelling in this city is a cesspool that is in very bad condition. In the space of one year three boarders had typhoid fever. In December last, a visitor at the house was attacked with the same disease after his return to his home in Luzerne County. His stools were thrown into the snow to the rear of his house. Finally, the accumulation was washed by the melting snow into the stream giving the supply of drinking water to the town. Before long other cases of disease occurred, and in this way originated the Plymouth epidemic, the horrors of which are probably known the world over.

Dr. McClelland opened the discussion by remarking that the cesspool system was entirely wrong. It should not be tolerated if there is any other mode of disposing of fecal matter available. Medical societies should take the matter in hand, and show legislatures the peril of the system.

Dr. Willard also recognized the truth of Dr. Dudley's paper. But he wanted to hear of some proposals as to how to do away with cesspools.

Dr. McClelland thought a cultivation of public sentiment with proper house to house inspection would work reforms.

Dr. Dudley thought that the only way to abate the nuisance was to appoint cesspool inspectors, whose duty it was to inspect all cesspools at stated intervals.

Dr. J. B. Wood said that a proper public sentiment was a great aid to Boards of Health. He asked what should be done in those cases where the cesspool contaminates the soil for hundreds of yards around.

Dr. John C. Morgan suggested the possibility of sewer gas causing more illness than the cesspool.

The discussion then closed. The Bureau of Obstetrics next presented its report, which consisted of two papers, one by Dr. H. H. Hofmann, of Pittsburgh, on "Cases of Puerperal Eclampsia" (read by title), and another by Dr. Mary Branson, of Philadelphia, on "Dystocia as a Cause of Neurasthenia." Dr. Branson, in her paper, spoke of the shock of a hard, unnatural, or precipitate labor as frequently exerting a demoralizing influence on the nervous system of many women. In forty-five cases, she has met with neurasthenia arising from this cause. She then recounted the symptoms observed. In all the forty-five cases, some lesion in the genital sphere was observable, *e.g.*, laceration of the perineum or cervix, or subinvolution, etc. The symptoms do not always come on immediately after the lying-in. The patient may apparently make a complete recovery, and go about her ordinary duties in an incredibly short time after labor. This is all the worse for her future health. By way of treatment of these cases, Dr. Branson recommended the reduction of the amount of dystocia. Attention should be paid to hygienic methods of dressing, to avoidance of exposure during menstruation. The patient should be under medical supervision throughout her pregnancy. All ailments occurring at that time should receive prompt attention. Among the remedies suggested were: Caull., Cimicif., Digit., Helon., Gossyp., Sec., and Ustil. A good substantial diet is to be recommended. The curative treatment is the same as that of the disease when arising from any other cause. The Weir-Mitchell treatment was indorsed.

Dr. B. F. Betts opened the discussion by deprecating the practice of physicians of leaving their patients too soon after labor in sole charge of the nurse. Household duties are assumed too early, and physical wreck follows.

Dr. J. N. Mitchell had frequently met with cases of laceration of perineum, etc., in which no symptoms were experienced at all. A great proportion of the women who suffer from these symptoms are women who, having no milk, persist in nursing their infants.

Evening Session was devoted to the reception of the reports of the Bureaus of Surgery and Gynecology. The only papers of the latter Bureau were of a surgical nature, so they were discussed along with the papers of the other Bureau. The papers presented by the Bureau of Surgery were "Operations

for Laceration of the Cervix," by J. H. McClelland, M.D., of Pittsburgh; "Orthopædic Cases," by L. H. Willard, M.D., of Allegheny; "Surgical Cases," by W. R. Childs, M.D., of Pittsburgh; "Some Points in the Operation of Ovariotomy," and "Calendula in Surgery," by Charles Monroe Thomas, M.D., of Philadelphia. Both of the papers of the Bureau of Gynecology were by Dr. C. H. Hofmann, of Pittsburgh, and were entitled "Fifteen Months' Work in Ovariotomy in the Pittsburgh Homœopathic Hospital" and "A Case of Button-Hole Operation." Dr. Thomas's paper on Calendula was the report of an original investigation into the claims made for Calendula as an antiseptic. The author's conclusions were that Calendula did exert a slight influence in retarding putrefactive changes, a conclusion which is somewhat confirmed in practice. Wounds treated with it follow a more favorable course than those under non-medicated dressings, but in comparison with Corrosive sublimate, Iodoform, or Carbolic acid the results are decidedly inferior. Dr. C. H. Hofmann's paper gave in detail the histories of six cases of ovariotomy, three of which were performed by Dr. J. H. McClelland and three by himself. The last one recorded (one of his own) deserves special mention. The incision made extended from ensiform cartilage to pubis. Extensive adhesions, both old and recent, were found over the anterior surface of the tumor. Some of these after division bled freely, and had to be seared by the cautery. Others were dissected off with the hot knife. The patient sank during the operation, but was revived by artificial respiration, hot bottles and brandy hypodermically. The pedicle was ligated, the stump seared and dressed. Twenty-five sutures were necessary to close the abdominal wound. The tumor weighed forty pounds. It was a multilocular growth. The patient was discharged cured sixteen days after the operation.

Dr. Willard opened the discussion by narrating a remarkable injury, in which the arm had been torn off at the shoulder, treated by the late Dr. Guernsey successfully by the application of Calendula.

Dr. McClelland did not believe that Calendula acted as an antiseptic in the healing of wounds, but by reason of its power as a medicine to correct morbid suppuration. By reason of this power it may correct putrid discharges.

Dr. B. W. James thought that Calendula had some slight antiseptic properties.

Dr. J. C. Morgan found in his early practice that much

of the commercial Calendula consisted of the petals of the flowers only. This caused him to lose faith in it. After procuring a reliable preparation he again resorted to its use, and with good results.

Dr. W. R. Childs had been using Boericke & Tafel's Calendula. He had it freshly diluted before each application. He was satisfied with its action.

Dr. Charles M. Thomas had always used the Calendula freshly prepared. He referred to the inability of watery preparations of Calendula to preserve themselves more than a few hours. As regards the mode of action of Calendula, he confessed himself as much in the dark as ever. On the subject of ovariotomy the speaker asked for the experience of those present respecting the treatment of the nausea following that operation. He was not satisfied with the results he had obtained in relieving this symptom.

Dr. W. R. Childs suggested Apomorphia.

Dr. Thomas had used Apomorphia. One or two cases appeared to have less nausea after Chloroform than after Ether.

Dr. McClelland had excellent results from copious draughts of slightly salt water. Apomorphia had given him only a partially good result. He thought the cautery better than the ligature for the prevention of hæmorrhage over points of adhesion in ovariotomy.

Dr. A. Kornderfer suggested for the nausea after ovariotomy the class of remedies having nausea reflex from ovarian irritation, *e. g.*, Sepia.

Dr. C. M. Thomas had used Sepia in one case with some benefit.

Dr. J. C. Guernsey suggested Cocculus ind.

Thursday, Sept. 24th—Second Day, Morning Session.—Dr. William J. Martin, of Pittsburgh, presented the report of the Bureau of Clinical Medicine, which consisted of the following papers, all of which were read in full: "Spinal Irritation," by Allegheny County Society; "A Case of Hysteria with Choreiform Movements—Thoughts on the Etiology of Chorea," by Clarence Bartlett, M.D.; "Acute Tuberculosis after Measles," by John C. Morgan, M.D.; "Two Clinical Cases," by C. C. Rhinehart, M.D.; "Clinical Facts," by A. P. Bowie, M.D.; "A Clinical Case," by W. J. Martin, M.D., and "Some Fever Experience," by Charles Mohr, M.D. Dr. B. F. Betts also read a paper, which should have been presented with the report of the Bureau of Gynecology, entitled

"Some Indications for the use of Convallaria in Gynecological Practice." Dr. Mohr's paper was replete with valuable points. In it he gave an analysis of a number of mixed cases of fever, and closed his remarks by presenting the following questions for discussion: 1. Are the enteric fevers of this locality malarial in the restricted sense of that term? 2. Are the emanations of sewers and cesspools modifiers of malaria, or are these alone the factors producing intermitting, remitting, or continued fevers? 3. Is any large proportion benefited by the quinine treatment? 4. What is the relative average duration of cases in which quinine has and has not been used? 5. What is the relative mortality in cases where quinine has and has not been used?

In his paper on Chorea, Dr. Bartlett claimed that chorea was not so frequently associated with rheumatism as is popularly believed to be the case. He contended that it was purely a nervous disease arising from nervous causes.

Dr. W. J. Martin recommended Chininum arsen. 2^{x} in cases of typhoid fever having a malarial type.

Dr. Pitcairn did not agree with Dr. Mohr respecting the use of quinine. He himself sometimes used it. He then narrated a case of mixed form of fever which, after overdosing with quinine at the hands of an old-school attendant, he cured promptly by homœopathic medication.

Dr. C. H. Hofmann related a case of chorea coming on immediately after inflammatory rheumatism. The rheumatic trouble was cured in one week with Rhus tox. The chorea was very obstinate, and was only cured after removal of the child to the seashore. He closed his remarks with the narration of a tedious case of intermittent fever cured by Ipecac.

Dr. Pitcairn said that by the advice of Dr. J. P. Dake he had successfully employed Ipecac. 1^{x} in water in cases of intermittents.

Dr. J. S. Skeels made some lengthy remarks on fevers and fever remedies. He claimed that quinine, the allopathic, and Aconite, the homœopathic remedy for fevers, were essentially chill remedies. A true fever remedy would be found in Belladonna.

Dr. T. S. Dunning called attention to the fact that under homœopathic treatment the stage of constipation in typhoid never ceases.

Dr. H. Knox Stewart recommended Cornus Florida in indefinite cases of malaria, when the chill comes at irregular periods and every other remedy fails.

Dr. Cowley said that Cedron was extensively used for malarial fevers in the West. Turning to the subject of chorea, he said that he once had a case which came on shortly after inflammatory rheumatism. All of his other cases failed to give a rheumatic history.

Dr. D. Yoder said that he used Eucalyptus in malarial fever unaccompanied by chill.

Dr. Clarence Bartlett said that he had met with a number of cases of fever, apparently typhoid, in which the temperature rose and fell on alternate days. He found quinine useless in these cases.

Dr. Mohr closed the discussion. He was glad to hear that the testimony of the physicians present was against the use of quinine in the mixed forms of fever. He agreed with Dr. Martin as to the efficacy of Chininum ars. He had used Cedron in fever with marked periodicity, but not where there was a typhoid element in the case. He believed Eucalyptus and Cornus Florida to be drugs worthy of consideration. He did not interfere with constipation in typhoid fever as a rule. When it is necessary to treat the constipation an enema is the best means at hand. He closed his remarks by reference to a case of chorea of eight years' standing cured by Veratrum viride.

Afternoon Session.—The report of the Bureau of Pædology, Dr. C. S. Middleton, chairman, was called for. It embraced the following papers: "Whooping Cough," by S. F. Shannon, M.D.; "Exudative Laryngitis," by C. S. Van Artsdalen, M.D.; "Belladonna, and its Allies, in the Treatment of Diseases of Children," by E. Cranch, M.D., and "The Care and Feeding of Infants," by C. S. Middleton, M.D.

Dr. Cranch, in his paper, said that Belladonna should not be given to children when the temperature or sleep is normal, or when the pulse is quiet. If the child is dull by day and delirious by night, Belladonna is probably indicated. If the converse is the case, we should think of Hyos., Op., or Stram. Under Bell., the frontal region of the head is apt to be complained of. The patient likes the head cool (Rev., Silicea). The eye-symptoms of Belladonna rarely call for its exhibition in diseases of children. Earache is a symptom for Bell., when there is no suppuration. In all head symptoms, the Bell. type is congestion. The face is bluish-red, erysipelatous, swollen, and rapidly changing in appearance; throat red, hot, and dry, and very painful. The child discharges odorless

flatus; there may be tenesmus, with or without colic; nocturnal enuresis, when the sleep is restless; respiration oppressed, and often spasmodic. In convulsions, Bell. is only useful in plethoric subjects, and in acute cases. In scarlatina, it should not be given if a putrid odor comes from the throat, or if the eruption is either dusky or pale. The discussion on this Bureau report was very short.

The Bureau of Pathology presented two papers: "Idiopathic Abscess of the Brain," by A. R. Thomas, M.D., and "A Special Cause of Intestinal Obstruction," by John C. Morgan, M.D., read, in his absence, by Dr. Starr, of Chester. It consisted of the report of a case of intestinal obstruction with fecal vomiting, in which the trouble arose from a pelvic thrombus, following shortly after a miscarriage. A rapid cure followed after the use of Hamam. 3, China 200, and Ars. 200, as indicated.

Dr. J. H. McClelland had met with intestinal obstruction from the plastic exudate in pelvic cellulitis.

Dr. J. B. Wood had met with a case similar to that of Dr. Morgan.

Dr. Cowley had treated a case of fecal vomiting successfully with Veratrum alb.

A paper by Dr. Hassler, of the Lehigh County Homœopathic Medical Society, on "Cotton Packing in Uterine Diseases," was read by Dr. C. H. Hofmann.

Third Day—Morning Session.—The Bureau of Ophthalmology and Otology reported through the chairman, Dr. H. F. Ivins. Dr. H. C. Houghton, of New York, read a valuable paper entitled "Aural Surgery *vs.* Homœopathic Therapeutics." [This will appear in the December Hahnemannian.]

Papers were also read by Dr. Bigler, on "Diplopia;" Dr. Ivins, on "Aphonia," and on a "Case of Cystic Goitre cured by Operation;" by Dr. Bartlett, "On a Case of Inverted Vision cured by Cannabis Indica;" and by Dr. R. W. McClelland, on "A Case of Penetrating Wound of the Eye." Dr. W. A. Phillips, of Cleveland, Ohio, honored the Society by a contribution on "Errors in Advice."

The discussion was opened by Dr. B. W. James. After speaking on the subject of asthenopia in general, he referred to asthenopia following debilitating diseases. He counselled the treatment of such patients by medicines only and not by glasses.

Dr. W. H. Bigler strongly urged the value of glasses in

just these cases. They acted as a temporary splint, and served to bridge over the period of discomfort. Care should be taken not to prescribe too strong glasses, however.

Dr. James said that he had advised against glasses because patients thought that, having commenced their use, they must continue with them indefinitely. Thus, they may do themselves incalculable injury.

Dr. Bigler expressed his fears that when he did not prescribe the glasses, an irritability of the ciliary muscle would ensue, and this would be difficult to conquer.

Dr. H. C. Houghton made some remarks confirming the opinions expressed by Dr. Bigler.

Dr. C. Mohr spoke of the importance of specialists applying the homœopathic materia medica in their several specialties.

Dr. Aug. Korndoerfer said that he had found Sulphur 400, and Iodine 6, alternately, prescribed as the indications called for the change, to bring about a cure in several cases of goitre.

Dr. J. K. Lee referred to the experience of eminent surgeons who had found that if the entire thyroid gland was removed, the sexual sphere was seriously affected.

Dr. Chas. Mohr said that he had observed in a large number of cases of goitre a certain relation between the thyroid gland and the sexual organs of women. He had found in such cases, that, by adapting the remedy to the uterine or ovarian symptoms, the thyroid enlargement would be permanently removed. He then related two cases to illustrate the importance of this remark. He also spoke of a case of exophthalmic goitre in which the uterine symptoms were marked.

Dr. Bigler remarked that the relation between the uterus and thyroid gland has long been known. It has been said that the neck enlarges after conception.

Dr. Bartlett said that not only does removal of the thyroid gland produce an atrophy of the sexual organ, but also of the mental powers of the individual, giving rise to an artificial cretinism.

Dr. Ivins said that he had a case of fibrous goitre in which the symptoms were greatly relieved by Baryta c., Silicea, and Graphites. Whenever this patient conceived the goitre increased in size.

The discussion here closed. The usual business at the closing of the session was transacted.

By special vote of the Society, Dr. H. C. Houghton was

permitted to publish his paper in the December number of the HAHNEMANNIAN MONTHLY.

On motion of Dr. Mohr, the title of the Bureau of Ophthalmology and Otology was changed so that, in future, it will include Laryngology.

Dr. John R. Reading nominated Dr. H. C. Houghton to honorary membership in the Society. Carried unanimously.

Pittsburgh was selected as the place of the next meeting. The Allegheny County Society was made the special committee of arrangements.

The election of officers for the ensuing year resulted as follows: President, D. Cowley, Pittsburgh; Vice-Presidents, W. H. Bigler, Philadelphia, J. R. Reading, Somerton; Recording Secretary, H. F. Ivins, Philadelphia; Corresponding Secretary, Clarence Bartlett, Philadelphia; Treasurer, J. F. Cooper, Allegheny; Necrologist, W. R. Childs, Pittsburgh; Censors, C. H. Hofmann, Pittsburgh, H. Pitcairn, Harrisburg, Mary Branson, Philadelphia.

The President then announced the various Bureaus and Committees, as published in our news columns. After extending votes of thanks to the officers of the Society, the session closed.

IODOFORM COLLODION IN NEURALGIAS.—Dr. William Browning of Brooklyn, in the October number of *The American Journal of the Medical Sciences*, gives his experience with this remedy for external application, and a brief study of its action. The strength usually employed is one part of iodoform to fifteen of collodion. A half-ounce is usually sufficient for any ordinary single application. Dr. Browning has found it most effective when painted on in very thick layers, which may be conveniently done with the usual camel's-hair brush. As soon as one coating becomes a little firm, another is applied, and so on until it appears to have an average thickness of half a millimetre. In the neuralgic cases a cure, when effected, was usually accomplished with one or two applications. The class of troubles found most amenable to this treatment was narrowly localized neuralgias, especially when corresponding to some particular nerve, and not dependent on any demonstrable lesion. In fact, if a neuralgia, or what is thought to be one, proves intractable to this means, we should doubt its being a purely functional affection, and look carefully for some tangible cause. It has thus a certain diagnostic as well as a therapeutic value. Several times its complete or partial failure has led to a more searching and successful examination. Even in such cases, much temporary relief is often afforded. Supraorbital neuralgias, even of malarial origin, particularly if the miasmatic infection dates back some time, seem quite amenable to this treatment. Of course, it is not recommended as a substitute for quinine here, but only as an adjuvant, where the latter fails or acts too slowly.

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Business Manager,

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☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

AMERICAN INSTITUTE OF HOMŒOPATHY.—Most of the bureaus of the American Institute have begun their work already for next year, so that the meeting at Saratoga shall be fully up to if it does not exceed the standard of any previous meeting of that body. From the list of bureaus and committees published in our last number, it will be seen that but one bureau has not yet selected the subject upon which it is to report. The plan of work which the bureaus must adopt under the constitution and by-laws of the Institute, we think, is not above criticism. We do not believe that it is the one which will succeed in bringing out the best material at the meetings. What is the plan of work? A body of men, all of them of considerable ability, are appointed to a bureau. A general subject is chosen, on which that bureau shall report. This subject is further subdivided into other subjects, each member being assigned a subdivision which he shall write up. Now, what is the result? A long treatise, well compiled, it is true, but composed almost exclusively of matter taken from the text-book. How can it be otherwise; for it seems well-nigh

impossible to secure a subject for a bureau of which all the members have had sufficient practical experience to make it worth their while to report the same to their professional brethren. If Drs. Jones and Smith are appointed to the bureau of surgery, how can they co-operate if one's practice is almost exclusively in genito-urinary and the other in bone surgery? If one is suited with his subject, the other must be displeased. If each is allowed to select a topic which best suits his ability and his experience, then his brethren profit accordingly.

Again, the rule which enjoins on the bureaus to select one subject, is obeyed in the letter only. The Bureau of Sanitary Science, for example, announces as its subject "Our Homes: their hygienic and sanitary conditions." Yet, when we come to read over the subdivisions of the subject, we find it to embrace almost the entire domain of sanitary science, since it treats of everything, from the food we eat, the water we drink, the air we breathe, and the dwelling we occupy, to the germ theory of diseases, the study of antiseptics, and even going so far as to encroach on the Bureau of Obstetrics.

If it is the desire of the Institute to discuss one subject, let that subject be presented by a man who is thoroughly conversant with it and with whom it will not be necessary to read up in order to polish up his knowledge. If it is an object to have elaborate discussions (and that is what medical societies are for) let the plan of the British Medical Association be adopted. The subject is presented by one man. A number of debaters are appointed beforehand to open the discussion (of course they are judiciously selected), after which it is continued by the members at large. The Bureau of Surgery tried this plan at the last meeting, with very satisfactory result.

The Pennsylvania State Society held its annual session September 23, 24, 25, a report of which appears in this number. The general opinion of the members, so far as we could learn, was, that the papers were fully up to the average, and several of them notably above it. The past few years of the Society's work have secured for it quite a favorable reputation outside of the State, and we do not think the session just held will be found to have detracted from that reputation. Some of the papers contained records of original research and observation whose results are likely to interest our physicians and surgeons.

The reading of papers consumed so much of the time that

the discussions were, as a consequence, more or less restricted. This Society, like most others, makes the mistake of having too many subjects for discussion, instead of confining remarks rigidly to one specific subject under each Bureau report. A member speaking on the subject of the report may touch upon a half-dozen or more topics without transcending the limits of the report itself, and any reader of the *Transactions*, who desires to learn the views of members on some special and definite theme, will probably find the record of those views mingled with that of half a dozen other subjects having little relation to the one he is pursuing, save only that they are all included under one and the same "branch" of medical science. A "rambling" discussion is the only kind possible under such a system.

The Publication Committee has its work well under way, and we shall not have to wait for the volume of *Transactions* a day longer than a careful and accurate supervision of the press-work absolutely requires.

The North American Journal of Homœopathy comes to us this month in an entirely new dress. This journal will henceforth appear monthly. The first number of the new volume gives promise of great things. It contains papers as follows: "Concerning Anton Fischer's Symptoms of Borax," by T. F. Allen, M.D.; "Dysmenorrhœa in its Relation to Neuralgia," by F. J. Nott, M.D.; "Kali Muriaticum, a Remedy for Ulceration of the Cornea," by George S. Norton, M.D.; "Fatal Pyæmia from Mastoid Abscess, Autopsy," by J. Montfort Schley, M.D., and "Supra-pubic Cystotomy," by Wm. Tod Helmuth, M.D. Besides these valuable contributions, it contains reports of hospital practice, and the usual editorial articles, book reviews, society reports, gleanings, and news items. The new editors are Drs. Dillow, Wilcox, Leal, Beebe, Sterling, and Porter. Dr. George G. Shelton is the business-manager. The *North American* is published by the Journal Publishing Club (Limited), at 10 East 36th Street, New York city. The subscription price per volume of twelve numbers is three dollars.

Translations from Foreign Journals.—A new feature of the Hahnemannian is the publication of gleanings from French, German, and Spanish journals. The translations from the French and German allopathic journals will be made by Dr. W. B. Van Lennep, the homœopathic by Dr.

H. F. Ivins, while Dr. Eduardo Fornias will furnish the gleanings from Spanish, Cuban, and South American sources.

A Valuable Campaign Document.—Otis Clapp & Son, of Boston, have issued, in the form of a neat pamphlet, the *Lecture on Homœopathy*, delivered last spring before a society of students of a prominent allopathic college. This lecture furnishes, in our opinion, one of the most logical, forcible, and dignified expositions of homœopathic truth we have ever met with. It is, withal, courteous in tone, and elegant in style, and in all respects of a character to do honor to our school of practice.

The lecture is scarcely adapted to the lay reader, but is suited rather to the requirements of the professional investigator. We suggest that if each of our physicians should hand two or three copies to as many well-disposed allopathic physicians, the experiment could not fail of a most beneficent result.

Notes and Comments.

The Cost of the Epidemic of Small-Pox at Montreal, according to the *Medical Record*, is likely to reach $5,000,000. What more potent argument can there be for the establishing of a National Board of Health?

Cost of the Plymouth Epidemic.—The extra expenditure involved by the epidemic was $60,000; the loss in wages and business ventures among the sick and those who had to wait upon them was about the same. This estimate leaves out of consideration the loss of 107 lives.

Our esteemed contemporary, the *Medical Record*, has been searching the musty archives of the Middle Ages, and has resurrected the following:

"The Homœopathic Remedy for Diabetes Mellitus. Extract of Sweet-pea."

What will our friend Kellogg say to that?

Homœopathy in Mexico.—Dr. Panfilo Carranza, of Mexico, is the first graduate of a homœopathic college in that country. The government still persists in recognizing only the allopathic fraternity, so that his path is not an easy one. He, in conjunction with a number of allopathic graduates converted to homœopathy, has organized a society under the name "Circulo Homœopatico Mexicano," and established a journal, *La Reforma Medica*.

Homœopathy in Cholera.—Among the many treatments recommended against cholera, by the most eminent doctors of France, there is one of Dr. Gras which he has inserted in the columns of the *Gaulois*.

Dr. Gras considers the homœopathic treatment the most efficacious for cholera, and to several theoretical proofs he adds the following statistics from Marseilles:

Of 14,014 cholera cases treated homœopathically, 12,748 were cured, and 1266 died.

Of 457,536 treated allopathically, 222,342 died, and 184,044 got well.

Dr. Roch, in his address delivered at the Pharo Hospital, in Marseilles, corroborated these assertions.—*Medicina Moderna de Bogota*, August 31, 1884. E. F.

New Publications.

Poisons; Their Effects and Detection. A Manual for the use of Analytical Chemists and Experts. By Alexander Wynter Blyth, M.R.C.S., F.C.S., etc. Two volumes. Wood's Library of Standard Medical Authors. 1885.

In the Introduction, the author gives the history of both ancient and modern toxicology; after which he takes up in order the various poisons. Special attention is paid in the text to the description of the various methods of detecting the presence of poisons in the secretions and tissues. Matters pertaining to the toxicology of the recently discovered vegetable alkaloids are fully presented; as are also those relating to the alkaloids arising from putrefaction. The treatment of poisoning cases is given in a tabular form at the end of the second volume. It is so arranged in a nutshell that one may find all that is of practical use in the treatment of any individual case at a mere glance. B.

Inebriism: A Pathological and Psychological Study. By T. L. Wright, M.D., Columbus, Ohio. Wm. G. Hubbard. 1885.

The author speaks only of alcohol, of its effect on the human constitution, and of the sway it holds after once having obtained possession of the human being. Matters pertaining to the liquor traffic are entirely omitted, as indeed they should be in a scientific work. B.

The Baby; How to Keep it Well. By J. B. Dunham, M.D. Chicago: Gross & Delbridge. 1885.

A little volume of 56 pages, intended as a practical guide for mothers in the preservation of the health of their offspring. ****

The Text-book of Materia Medica. By A. C. Cowperthwaite, M.D., Ph.D., LL.D. Third Edition, Revised and Enlarged. Chicago: Gross & Delbridge. 1885.

The first edition of this work appeared in December, 1879. The fact that both that and the second edition have been exhausted since that time and the third is now before us, speaks well for its popularity, which, we may add, has been fairly earned. The present edition is far ahead of its predecessors. Nearly one hundred remedies, not included in the second edition, have been added. Many new symptoms, mostly clinical, have been incorporated. A new feature of the book is the pronouncing index prepared by Dr. James E. Gross. This, however, is not free from error. There are a

few omissions from the text which we would like to note. While most of the nasal symptoms of Aurum are given with great clearness, nothing is said about the characteristics of the nasal discharge under this remedy. The paralytic symptoms of Arsenic are not given; yet these are symptoms that have been confirmed in poisoning cases time after time.

The author gives Apium virus and Apis mellifica as synonyms. The latter is the trituration of the whole bee, the former of its poison-bag only.

Causticum he speaks of as hydrate of potash. This is a mistake.

Atrophy of the optic nerve is not referred to under Argentum nitricum, yet that drug is our standard remedy for this disease of the eye.

Euphorbia corollata is given as the flowering "sponge." It should be flowering spurge.

Mercurius corrosivus is spoken of as the Chloride of mercury. Chloride of mercury is Calomel. Corrosive sublimate is the bichloride.

Mercurius dulcis, Mercurius cyanatus, and Cinnabaris have been omitted.

Rheum ("Rhubarbarum") should be Rhabarbarum.

Rhus toxicodendron and Rhus radicans are thrown together. Botanists fail to make a distinction between these drugs, but homœopathy does. These drugs have been proved separately. Many distinctions in their respective symptomatologies have been noted. For example, Rhus tox. will not replace Rhus rad. in the occipital headache for which the latter remedy is so valuable.

Senecio aureus and Senecio gracilis are given as synonymous. These are two distinct varieties. The gracilis was proven first and was afterwards superseded by the aureus.

The proving of the Tarantula Hispanica is given, but the whole name of the remedy should be stated, lest it be confounded with the Tarantula Cubensis which has quite a different effect on the human organization.

But, taking the book as a whole, we must say that it is one of great merit, deserving a continuance of the professional favor former editions have received.

Gleanings.

Diagnosis of Tumor of the Bladder.—Dr. Marçano writes for the *Progrès Médical* on the symptoms and diagnosis of tumors of the bladder. He sides with Guyon in opposing Sir Henry Thompson's *boutonnière* exploratory incision, and says that the functional troubles and subjective signs ought to enable us always to arrive at a diagnosis. Hæmaturia is the most important symptom, as well as a constant one, occurring at some time during the course of the growth, whether early or late, constant or occasional. The hæmorrhage is usually unaccompanied by pain, and without apparent cause, coming on when the patient is at rest or in the morning, and absent after exercise or hard work. The quantity and duration will vary within very extreme limits, slightly tingeing the urine, or forming large clots, and lasting but a few moments or for hours, days or weeks, extending over a period of years, without serious impairment of the health or resulting in sudden death. Symptoms of cystitis, pus, mucus, etc., are usually

absent. In short, they are characterized by this irregularity in quantity, recurrence and duration.

Pain is a symptom of no diagnostic importance; it is often absent, and, when present, may be the same as, or less severe than, that produced by neuroses of the vesical neck.

Urinary analysis is of the utmost value; all authorities are agreed on this point. Thompson recommends the aspirator, and Guyon a smooth-bladed lithotrite. Retention is rare, and may be due to clots, or be brought on suddenly from a closure of the orifice by the tumor.

Palpation may be abdominal, and rectal or vaginal, or both combined. For the former, the buttocks are raised by a pillow and deep pressure is made; the latter are preferable, because of the close proximity of the examining finger, and because tumors are, in most instances, situated in this region. In the female, dilatation of the meatus and digital exploration of the viscus will settle the question. The electro-endoscopic apparatus is unreliable, and reveals nothing more than careful palpation. Catheterism is often dangerous, and the results obtained are too often negative. With a sound, the outline, sometimes the size of a growth, may be made out; these irregularities must be carefully distinguished from the trabeculæ of eccentric hypertrophy. The peculiar soft hairy feel of a papilloma is best made out with a flexible instrument. A deposit of salts on such a tumor may give the impression of a calculus that is encysted. Two cases are given in which a suprapubic tumor was made out, which did not disappear on drawing off the small quantity of urine found in the bladder. In both tumor was diagnosed on the strength of this symptom. W. B. V. L.

Blood-poisoning From Bathing.—

Niederstetten, July 23d, 1885.

There occurred here a case of blood-poisoning, which should prove of great general interest. A boy, 13 years of age, was vaccinated, together with other children, about two months ago. In about twelve days, when the pustules seemed dried up, the boy went in bathing. The next day, a small vesicle appeared on his lip, and, a few days later, the boy's entire body began to swell so much, that he became unrecognizable, suffered indescribable pain, and it was only with great trouble and in an extremely difficult manner that he could be given any nourishment. The physician diagnosed blood poison, which was brought about by too early bathing after vaccination. For weeks, the child's life was endangered. At present, he is improving, but an innumerable quantity of suppurating wounds still cover the whole body, so that it is extremely painful for him to lie in any position.—*Stuttg. Neues Tagblatt*, July 25th, 1885; *Neckarz'tg*, and other journals.

Niederstetten, August 16th, 1885.

The boy who bathed in the river too soon after vaccination, thereby bringing about blood-poisoning, died on the 13th instant, after long and painful suffering. On his body not fewer than fifty-six unhealed wounds were counted.—*Neues Tagblatt*, August 18th, 1885; *Homö. Monatsblätter*, September, 1885. H. F. I.

New Antipyretics.—When Dr. Ulrice (a studious young chemist of Havana) after his first successful experiments, was engaged in purifying his alkaloid *Parthenina*, which he obtained from the *Escoba Amarga* (*Parthenium histherophorus*), he separated another principle of the same nature which he called *Parthenicina*, and, as a result of subsequent observations, he still extracted three more alkaloids, which he respectively named *Parthenidina*, *Histerophorina*, and *Histerophoricina*.

Of these five alkaloids, only the first obtained, *Parthenina*, has been studied in the animal and healthy man, and its physiological action re-

ported in the *Cronica Medica Quirurgica*, of Havana, by Dr. Duenas of that city. This new alkaloid, at the hands of Dr. Ramirez Xovar, and others of Cuba, has proved to be an efficacious febrifuge and anti neuralgic. E. F.

A New Treatment for Cholera.—The *Imparcial* of Madrid, of August 26th last, speaks of a letter received from Dr. Granizo, of Granada, giving information in regard to a new treatment of the terrible disease, adopted by Professor Godoy Rico and others of that place, with the best results.

It consists in rectal etherization. Ether and other anæsthetics deaden and nullify the vitality of microscopic organisms, and by their prolonged action totally destroy them. This action of Ether upon the *bacillus virgule* has been verified in the chemical laboratory of the University of Granada by Dr. Gonzales Castro.

The vapors of Ether, obtained by placing a bottle of from 400 to 500 grams capacity into a warm bath, at a temperature of from 32° to 34° C., are conveniently introduced into the rectum. The application should be made at the two first stages of the disease, but at the third, when the absorption of the products of bacillus has taken place, it is of no use.

With the application of Ether in this manner, the arrest of diarrhœa is readily manifested, and two hours later the other symptoms commence to disappear, the tongue becomes clean, and the patient passes to the normal condition.

As it has been demonstrated that microbes do not exist in the blood, etherization at the last paralytic stage could not afford any beneficial influence. The Ether would not favor the elimination of the poison.

A precise diagnosis is necessary in order to select the proper time for its application. The precious moment, according to Dr. Granizo, is indicated by the character of the stools, the sunken countenance, and first cramps.

The statistic data thus far taken in the hospitals of Granada clearly establish the efficacy of the treatment. E. F.

A Sure Remedy for Diphtheria.—A report was presented not long ago to the French Academy of Medicine, claiming that the membranous deposits of this terrible disease melt down when brought into contact with the vapors of tar and the essence of terebinthina. Children considered lost, already with the death-rattle, and near to the fatal end, can be saved. It is only necessary to burn, near the patient's bed, a mixture of terebinthina and tar. Of course the room is at once filled up with dark and thick fumes, in such a way that the attendants cannot see each other, but they will not suffer any inconvenience.

The child will be seen then to inhale strongly and pleasurably, as if regaining life. Soon the false membranes are detached and expectorated in the shape of catarrhal sputa, and if collected in a glass they will continue to dissolve perceptibly. At the same time, the throat must be washed with coal-tar and lime-water. In two or three days, the child will be radically cured. These fumigations are, besides, an excellent disinfectant, as well as a parasiticide and germicide. Anybody, even children, can approach the patient with impunity.—*Chronica Medica*. E. F.

A New Remedy in Gouty Obesity and Dyspepsia.—One of the earliest if not the primary error in gout, whatever may be the real cause of that malady, is failure of the liver to secrete sufficient or normally constituted bile. The product of liver function is, as we know, only partly excreted, the greater portion of the bile being reabsorbed in the intestines; and we further know, that one of the functions of the bile is to facilitate the proper digestion and assimilation of fat. If fat be not duly assimilated, it

will be deposited crudely, as in the omentum and elsewhere, with the result of obesity, coupled with deficiency of heat production and maintenance, which is a very different thing from obesity with full or even excessive powers of calorification. It is certainly important to make this discrimination between two distinct and totally different classes of cases. In the former case, common with persons with an inheritance of gout, in which there is obesity with a low grade of heat force, Dr. J. Mortimer Granville has been giving the biliary salts, extracted from ox-bile, in the form of a pill, and he states that the results of this treatment are very striking. The stools are rendered characteristically rich in bile without purging; the food is readily digested, and the accumulation of fat seems to melt slowly away. The taurocholate of sodium with the glycocholate of sodium are readily obtained from ox-bile by exaporating to dryness and pulverizing, making an alcoholic extract, filtering, and precipitating by small successive additions of ether. The deposit is non-crystallizable so far as the taurocholate of sodium is concerned, while the glycocholate of sodium appears, if the deposit be left to stand, in acicular crystals, forming themselves into rosettes. With any suitable excipient, the mass may be readily made into pills, each containing about four grains of the taurocholate and coated so as not to dissolve in the stomach; one should be given with each meal, or immediately after food. The effect of this new remedy, both for defective digestion and assimilation, and for obesity in cases in which fat is accumulated instead of being burnt off in the system as nutritious fuel, will, he claims, be found highly satisfactory.—*Therapeutic Gazette*, July 15th, 1885.

Moist Heat as an Oxytocic.—In a case of labor under the charge of Dr. W. B. Arbery, of Wotasulga, Alabama, almost complete uterine inertia set in. Ergot in very large doses failed to produce uterine contractions. He then had prepared hot and stiff mush poultices, as hot as could be borne. These were applied over the fundus of the womb. As fast as they became a little cool they were replaced by others. Before the third poultice had been applied the pains began to come regularly, and in two hours more, labor was over. Since then he has made use of hot mush poultices as an oxytocic in three other cases, in all of them with like success. The poultices must be *hot*, and they must be placed over the fundus of the uterus.—*Medical Record*, July 25th, 1885.

Observations on Phthisis and Pneumonia, in their Relation to Syphilis.—Dr. Wm. H. Porter contends that the existence of syphilitic pneumonia is either entirely ignored or given but a passing notice by writers on clinical medicine. He defines pulmonary syphilis as a condition of the lungs in which there is a progressive thickening of the walls of the vesicles; this change is often associated with inflammatory deposits, gummy formations, which degenerate into cheesy masses, become encapsulated or liquefy, and give rise to cavities. The first is best classified as syphilitic pneumonia, the second as syphilitic phthisis. The syphilitic lesions of the lungs are very common, more so in females than in males. The maximum number of cases occurs between thirty and forty years of age. The specific taint producing the disease is, even in adults, as frequently inherited as acquired. The changes in the lung are somewhat similar to those of tubercular phthisis. The lesions are most frequent at the apex, and usually involve both lungs. It is a peculiar pneumonic process in the early stages; while later, cavities are formed, and it becomes phthisical, in the sense of progressive consolidation, followed by softening and the formation of cavities. There is a strong resemblance, but a positive difference, between syphilitic and tubercular phthisis, and a positive anatomical difference between a syphilitic and a miliary tubercle. Most careful examinations fail to show Koch's bacilli in the syphilitic tubercle. The rational signs of the disease resemble in many

respects those of tubercular phthisis. The patients complain of having had a heavy cold, with incomplete recovery, followed by a dry hacking cough, or one with an abundant muco-purulent expectoration. The sputum is either white and frothy, or thick, purulent, and of a greenish or yellow tinge. Early hæmorrhages are frequent, while dyspnœa is early and pronounced. Pleuritic pains are common, and there is often great weakness, while the general physique remains fairly good. There is little or no elevation of the bodily temperature. Night-sweats, and cephalalgia, and indefinite wandering pains in the bones and tissues, worse at night, are complained of. The respiratory act is labored, and all the accessory muscles of respiration are brought into play, but there is little or no expansion of the chest. Early in the disease, palpation reveals increased fremitus, but in advanced cases it is diminished, owing to the small volume of air entering the lung. Percussion dulness is most marked at the apex, diminishing toward the base. Localized areas of dulness are found. Owing to the fact that small cavities have thin walls and contain considerable air, the dulness is not so great as would be expected. By auscultation, the inspiratory and expiratory murmurs are prolonged and harsh, especially the former, with a decided intermission between the two. Broncho-vesicular breathing is frequent at the apex. When the amphoric whisper is absent, the presence of a cavity is eliminated. As a rule, crepitant and subcrepitant râles are absent. The vocal resonance is exaggerated over the consolidated portions. Another very strong and pathognomonic sign is a peculiar pain and œdema of the sternum and of the tibial crests. Pressure over these regions produces a very peculiar pain. A noticeable feature is that when the sternum is excessively sensitive, the tibial crests are less so, and *vice versa*. The prognosis depends upon the early recognition and treatment. Syphilitic phthisis may run a very rapid course, but, as a rule, it is quite chronic. By way of treatment, Dr. Porter recommends a mixture consisting of biniodide of mercury, gr. $\frac{1}{15}$; ammonium iodide, gr. v–x; potassium iodide, gr. x–xx; in a drachm of the compound tincture of gentian, three times a day, after meals.—*N. Y. Med. Journ.*, Aug. 1st, 1885.

Symptoms of Datura Poisoning.—Dr. Nil Rattan Banerjee reports in the *Indian Medical Gazette* thirty-two cases of poisoning by Datura, the poison of the Thugs. It was usually given in the form of seeds roughly pounded and mixed among the food. The symptoms observed were the following: The lips inside of the mouth and throat, were dry and parched; the tongue was dry and coated with a thick fur; there was difficulty in swallowing, and the voice was hoarse. The pupils were always dilated, and, in extreme cases, the eyeballs were not sensible to the touch. The sight could not be fixed on any object, and the eyelids were mostly kept closed. The conjunctivæ were clear, or of a pale bluish color, for the first twelve hours, but became bloodshot afterwards. The stomach and bowels were generally found loaded. A sour, acid smell came from the mouth, due to undigested food in the stomach. *Tympanites* was a constant symptom. Vomiting took place in one case only. The bowels were generally costive. In a few cases, diarrhœa followed after the bowels were once opened. The delirium was characterized by incoherent talk, and by the peculiar movement of the hands as if to pick up something from the ground. The patients had a distressed appearance, and did not like to be touched. They tried to escape whenever held, and shouted loudly and attempted to strike and kick when caught. If left alone, they lay on the ground coiled up, with the legs drawn up to the abdomen, and the chest bent forwards, and incessantly groaned as if in great trouble. Whenever they said anything, it was with great reluctance. The patients exhibited a most wonderful degree of physical strength. The voice and way of talking were very peculiar and pathognomonic. When recovering, he answers questions in an

undertone, shortly and quickly, and all of a sudden appears to lose the string of thought; looks in another direction, and wanders away as if he was thinking of something else. These symptoms usually continue about twenty-four hours, when recovery begins. Contraction of the pupil, and in many cases an attack of fever, took place on the second day. In the fatal cases, the tympanites increased, coma set in with stertorous breathing. The pulse became weak. Cold perspiration broke out all over the body, and the patient died.—*Therapeutic Gazette*, October, 1885.

News, Etc.

Personal.—Dr. F. H. Boynton, of 30 West Thirty-third Street, New York, has retired from general practice, and will in future devote his entire attention to diseases of the eye and ear.

Dr. James A. Campbell has removed his office to 1729 Washington Avenue, St. Louis, Mo.

Dr. J. T. O'Connor, of Amenia, Duchess Co., N. Y., has resumed practice at 111 East Fortieth Street, New York City.

Dr. A. B. Norton has removed to 167 West Thirty-fourth Street, New York.

Dr. Wm. Yearsley has removed to 1532 North Thirteenth Street, Phila.

Hahnemannian Institute Lectures.—A series of lectures will be delivered by the following eminent physicians before the Hahnemannian Institute of the Hahnemann Medical College of Philadelphia: November 4th, 1885 Prof. Wm. Tod Helmuth, M.D., subject, "What I have seen in Surgery;" December 2d, Prof. L. L. Danforth, M.D., subject, "Puerperal Fever;" January 6th, 1886, Prof. Clarence E. Beebe, M.D., subject to be announced; February 3d, Prof. Geo. M. Dillow, M.D., subject to be announced. March 3d, Prof. J. W. Dowling, M.D., subject, "Pathology and Physical Signs of Organic Diseases of the Heart."

Dr. Percy O. B. Gause has been compelled to abandon practice in Philadelphia on account of a chronic bronchial catarrh, which compels him to seek a more equable temperature during the winter months. He has located at Aiken, S. C., and will practice homœopathy there from November to June.

New Hampshire State Society.—The officers of this Society for the current year are as follows: President, Dr. A. D. Smith, Manchester; Vice-President, Dr. A. C. Alexander, Penacook; Secretary and Librarian, Dr. B. F. Bailey, Manchester; Censors, Drs. S. H. Gallinger, Concord; Geo. F. Roby, Lake Village; and Jos. Chase, Jr., Concord; Essayist, Dr. Geo. W. Flagg, Keene.

Dr. J. P. Dake and his son, Dr. J. P. Dake Jr., have returned from their European trip. A paper by the former on Homœopathy in England will form one of the attractions of our December number.

Meeting of the Rhode Island State Society.—The Rhode Island Homœopathic Society held its regular quarterly meeting October 23d, at the Narragansett Hotel, Providence. The President, Dr. George B. Peck, presided, and there were about thirty members present. The Society entertained as guests Drs. W. H. White and W. S. Smith, of Boston; Dr. George Scriven, of Dublin, Ireland; Dr. A. F. Storey, of Natick, Mass.; Dr. O. H. Arnold, of this city; and Dr. Pemberton Dudley, of Philadelphia.

The President, Dr. George B. Peck, presented an interesting report as a delegate to the meeting of the Connecticut Medical Society, and also reported his attendance as a delegate to the American Institute of Homœopathy at St. Louis, giving a very pleasing recital of various matters connected with that meeting which were of interest to the Rhode Island Society.

The invited guests were in a pleasant manner introduced by the President, and they each responded with brief remarks congratulating the Society on its establishment of a homœopathic hospital, and also on the general progress of the objects and aims of the Society.

Dr. George B. Peck then read a very able and interesting paper entitled, "Pelvic Dystocia," giving analyses of thirty cases, showing the ætiology, pathology, treatment, mortality, and in conclusion commented on lessons to be derived from the study of the cases presented.

Dr. Smith, of Boston, by request of the Society, reviewed the contents of a paper on the same subject, read at the meeting of the Boston Society, held on the preceding evening. He also presented many interesting ideas on "Rachitis," giving the opinions expressed by several of those who were present at the meeting in Boston regarding this subject.

Dr. Pemberton Dudley, of Philadelphia, editor of the HAHNEMANNIAN MONTHLY, read a very able paper, of which the following is an abstract:

"THE REUNION OF THE MEDICAL PROFESSION."

Dr. Dudley began by showing that while his subject might seem an unpromising one, yet the present struggle between the two factions of the older school of physicians is entirely due to the growth of sentiments which the new school has always entertained, and which must constitute the basis of any real and permanent unity. The present state of professional sentiment is unnatural and unhealthy. The benevolence that naturally belongs to the practice of medicine is being repressed, and its impulses made subservient to the behests of society majorities, so that neither school is at full liberty in its purely professional offices. The allopathist dares not summon a homœopathist to his assistance, lest he incur the displeasure and discipline of his society. The homœopathist feels himself under similar restraint, lest he be charged with inconsistency and with doubts respecting the efficiency of his own system. All this should be changed, and the patient's interests be no longer subservient in any possible respect to any selfish considerations of medical men or medical societies.

The speaker dwelt upon the early history of the schism in the medical profession in Germany, England, and America, to show that originally the question was purely and only, whether or not physicians should be allowed to practice homœopathy. At the birth of the American Medical Association the question was so changed as to involve the right of a physician to practice on a general principle, or "exclusive dogma," as it was termed. At the present time the question is different from both the others. The objection now is not to the practice, not to the dogma, but to the use of the special title. Dr. Dudley argued to show that all these positions were untenable, and would not be sustained by moralists in any other profession. He next took up the question of exclusiveism in practice, and showed conclusively that such a charge as against homœopathists has no foundation in fact. He cited allopathic authorities to corroborate his point, and also to show that the "regular" is not free from the suspicion of exclusiveness in his own practice.

In summing up the subject the speaker contended that two things must precede any successful effort to break up medical sectarianism, namely, a mutual and respectful recognition of the mutual rights of the schools, and an entire abandonment by the old school of the doctrines under which that school assumes to interfere in the practice of individual physicians, in con-

sultations and in the issue of medical licenses. When these points are once conceded the obliteration of distinctive lines and medical sects must gradually but surely follow.

At the close of Dr. Dudley's paper a brief address was delivered by Dr. William von Gottschalk, in which he described the plans of the new homœopathic hospital, and predicted most promising progress in its establishment and maintenance.

The meeting was then adjourned, and the company became the guests of Dr. Sayer Hasbrouck, and enjoyed an elegant collation in an adjoining apartment.

Bureaus and Committees of the Pennsylvania State Society.—*Committee on Legislation.*—H. Pitcairn, Harrisburg; P. Dudley, Philadelphia; J. H. McClelland, Pittsburgh; A. P. Bowie, Uniontown; John K. Lee, Philadelphia.

Bureau of Materia Medica.—E. Cranch, Erie, chairman; D. Cowley and W. F. Edmundson, Pittsburgh; J. C. Guernsey, A. Korndœrfer, E. A. Farrington, E. Fornias, T. S. Dunning, Philadelphia.

Bureau of Clinical Medicine.—A. P. Bowie, Uniontown, chairman; W. J. Martin, C. C. Rinehart, Z. T. Miller, Pittsburgh; Charles Mohr, John C. Morgan, John Malin, M. S. Williamson, Philadelphia; C. Van Artsdalen, Ashbourne.

Bureau of Surgery.—L. H. Willard, Allegheny City, chairman; Charles M. Thomas, W. B. Van Lennep, Philadelphia; J. H. McClelland, W. R. Childs, C. P. Seip, Pittsburgh; J. J. Detweiler, Easton; Edward Reading, Hatboro; H. J. Evans, Altoona.

Bureau of Obstetrics.—J. N. Mitchell, chairman; John R. Reading, O. B. Gause, Mary Branson, Philadelphia; C. T. Bingaman, H. H. Hoffman, Pittsburgh; A. Bullard, Wilkesbarre; O. T. Huebner, Lancaster.

Bureau of Gynæcology.—B. F. Betts, chairman; I. G. Smedley, H. J. Sartain, E. T. Schreiner, Philadelphia; C. H. Hoffman, M. J. Chapman, Pittsburgh; W. A. Hassler, Allentown; R. P. Mercer, Chester.

Bureau of Pathology.—John B. McClelland, chairman; W. D. King, Pittsburgh; W. C. Goodno, A. R. Thomas, J. C. Morgan, Philadelphia; S. W. S. Dinsmore, Sharpsburg; J. B. Chantler, Sewickley; S. Starr, Chester.

Bureau of Ophthalmology and Otology.—W. H. Winslow, chairman; R. W. McClelland, Pittsburgh; Joseph E. Jones, West Chester; W. H. Bigler, H. F. Ivins, C. Bartlett, B. W. James, W. H. H. Neville, Philadelphia; H. C. Houghton, New York; W. A. Phillips, Cleveland, Ohio.

Bureau of Pædology.—H. Pitcairn, Harrisburg, chairman; D. Karsner, C. S. Middleton, E. E. Davis, L. C. Jackson, Anna M. Marshall, W. B. Trites, Philadelphia; S. T. Shannon, Sewickley; H. M. Bunting, Norristown; John K. Lee, Johnstown.

Bureau of Sanitary Science.—P. Dudley, W. H. Malin, Philadelphia; J. F. Cooper, C. D. Herron, Pittsburgh; J. B. Wood, West Chester; Sarah J. Coe, Wilkesbarre; T. M. Johnson, Pittston.

Married: Swift—Pierce.—On Wednesday, September 30th, 1885, at the residence of the bride's parents, Edward P. Swift, M.D., and Miss Eliz. Pierce, daughter of Jos. I. Pierce, of Sing Sing, N. Y.

Died: Bartholomew.—At his residence in Philadelphia, October 23d, 1885, Dr. George R. Bartholomew.

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THE USE AND ABUSE OF INSTRUMENTS IN THE MALE URETHRA.

BY WILLIAM B. VAN LENNEP, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society, Oct. 8th, 1885.)

THERE is perhaps no branch in the whole domain of surgery in which more brilliant and gratifying results can be obtained than in the treatment of ailments of the male urethra and bladder. And yet nowhere are our efforts at times more unavailing, and even productive of more positive harm.

This may be largely due to routinism or ruts, a clinging with fond tenacity on the part of teachers and practitioners to old-time theories and methods of treatment, although they are known to be incomplete or even wrong. As in every branch of medicine, new departures are looked upon with distrust, but here especially this would seem to spring from lack of inquiry and original research. So long as the names of Otis and Bigelow live, we shall, as a nation, always take a front rank in genito-urinary surgery, but aside from a few such men, those who have given time and thought to this line of study are the exception.

Our French brethren have an immense literature bearing on the subject, devoted chiefly, however, to originating and combating fanciful theories, while their ingenuity has given birth in the main to the most elaborate and often unpractical instruments. The Germans, too, in this particular, seem to have fallen short in logic and research. For instance, when looking over the armamentarium of an eminent Vienna specialist, he remarked that he was the only man in that city who had a sound over No. 30 charrière; while, at the largest genito-urinary clinic in their hospital, cases of retention, etc., from strictures, and deep-seated ones, too, are treated with

conical silver catheters running down to Nos. 8, 7, and below of the same scale.

During conversation with a friend, a gynecologist, a short time since, I remarked on the size of his library; he answered that he had but a small portion of the literature bearing on his specialty. He might have added that he was but one among thousands who are earnestly devoting themselves to the same line of study. It is fashionable with us, and we are proud to be looked upon as the gynecologists of the world; a man too need not hesitate to say anywhere that he is a "lady's doctor," while, on the other hand, he is not over-anxious to proclaim himself a "gentleman's doctor;" working beside with speculum, and the erudite finger goes ahead of groping in the dark at the end of a steel rod or silver tube. Lastly, it is natural, perhaps, that a male profession should *feel* for a suffering female laity, but while treating the mothers, we must not neglect to look after the fathers, past, present and future.

It will be my task to point out some of the ruts we are in, and some of the mistakes we are most prone to make, and to endeavor to show, where and how we can, in my humble opinion, improve on and correct them.

First, then, a few words concerning the surgical and pathological anatomy of the male urethra. I say surgical advisedly, on account of the importance of distinguishing between the urethra viewed from a surgical and from an anatomical standpoint. We have surgically a urethra proper, extending from the meatus to the triangular ligament, all behind that, *i.e.*, membranous and prostatic urethra, forming a cervix or neck of the bladder, and belonging surgically and pathologically to the latter. This neck has, at its outer end, a more powerful voluntary sphincter, and, at the inner, a weaker involuntary one. A familiar example will illustrate: As the bladder becomes distended, the uncomfortable feeling of fulness is supplanted by one of urging, and, stooping over to bring into play the voluntary muscles of the perineum which bear on the compressor urethræ, the unfortunate man, in Philadelphia at least, seeks in vain for a public urinal. The weaker involuntary sphincter has given way, the urine has entered the vesical neck, and voluntary action is required to hold it. So when disease has impaired the action of the latter muscle, the moment the urine has passed the first barrier, the urging is irresistible.

It is just here that so-called spasmodic stricture will be usually found, either holding the instrument fast, when once

within the muscle, or preventing the entrance of the same. In the latter instance, however, the trouble often is that we do not find the opening in the triangular ligament.

Ultzmann was, I think, the first to demonstrate the action of these two sphincters. He is wont to impress it on his class by the following simple experiment: Passing a catheter, to which is attached a syringe, as far as the triangular ligament, the water injected flows out of the meatus. This point is reached with a curved metal instrument at an angle of about 45 degrees. With the beak in the membranous urethra, the stream presses open the weaker sphincter, and enters the bladder, but, on removing the syringe, no fluid will flow out of the catheter unless the viscus be overdistended. Depressing the handle still more, the vesical contents are readily drawn off.

He has ingeniously made use of these facts in locating urethral troubles, and in applying treatment for the same. To the latter we shall have occasion to return later on.

Again, the introduction of an instrument will cause a stinging at the meatus increasing as the same is stretched. Beyond that to the bulb it will scarcely be felt, presupposing of course an absence of lesion, but the moment it enters the membranous portion, a peculiar sickening sensation is experienced, resulting at times in syncope. This pain is severe in proportion to the susceptibility of the individual and to the size of the instrument.

Further, once this boundary is passed, especially if the canal be roughly handled or unduly dilated in the bargain, we have reason to fear urethral chill, catheter fever, and the long list of names given to the groups of symptoms we ascribe to instrumentation in the urethra. Gynecologists tell us that, in the absence of the hymen, the use of instruments in the vagina is both painless and devoid of danger, but that we dare not enter the uterus without the greatest caution. So here, barring the orifice, which can be enlarged at will, we can treat the true surgical urethra without undue pain or complication, but once in the deep urethra, considered by many analogous in some parts and respects to the uterus, we must exhibit a like solicitude.

This brings me to my first point, namely: Never, without good reason, to pass this boundary between anterior or true and deep or vesical urethra; if we do so, always to use the smallest and softest instruments possible.

Such a statement may seem contrary to the teaching of

Bigelow, and to disagree with the results of "rapid lithotrity" as practiced to-day. In this operation complete anæsthesia brings about an entire relaxation of all the muscular fibres of the deep urethra, while the removal of every vestige of the concretion does away with the cause of all previous irritation. Thus the two main drawbacks to lithotrity as formerly practiced, urethral reaction from instrumentation, and cystitis from fragments left behind, are obviated. Further, the mass of conservative authority leans to the use of smaller evacuators, and requires the acquisition of a greater skill in crushing,—in other words, instruments adapted to the size of the urethra, rather than the over-distension of some canals to bring them up to a standard calculated to lighten the labors of the operator.

Statistics show that the vast majority of strictures resulting from urethritis are situate anterior to the triangular ligament. In fact, this may be laid down as an absolute rule for practice. On the other hand, those of traumatic origin, as well from blows or falls as from the misuse of instruments, will be found at or behind the bulbo-membranous junction,—from external violence, because rupture usually occurs at this the weakest spot; from instrumentation, because it is just here that we are most liable to go astray.

How then are we to treat stricture after urethritis?

First, ascertain the normal calibre of the urethra; then, the exact size, character and location of the constriction or constrictions; freely enlarge the meatus and *posterior border* of the fossa navicularis, and pass *into* the stricture steel sounds, gradually increasing in size, until it is entirely obliterated; continue the use of these instruments at long intervals over an extended period of time. Should the constriction prove hard and resisting, should it prove resilient (this trait seems to belong more particularly to traumatic stricture), incise it freely, and to the uttermost fibre, by an internal urethrotomy.

Is this, however, routine practice? A urethritis runs its course leaving the lingering "drop in the morning." Sounds are passed *into the bladder*, until the limit of the meatus is reached, usually overstepped; it is enlarged, perhaps, and the treatment continued until the capacity of the urethra is filled.

Let us examine a little more in detail the course of treatment mapped out. There would seem to be no need of further comment on the desirability of ascertaining the normal calibre of the urethra, and diagnosing, accurately locating and measuring the stricture or strictures. These steps are indispensable

to an intelligent treatment, especially since the demonstration of the existence of strictures of large calibre, and since the theory has been exploded that when the canal is large enough to pass a good-sized stream, it is sufficiently restored to be left alone. This is not such an old theory either, being taught by one of England's most eminent authorities, and accepted, practically if not theoretically, by alas! too many. Otis' method of external measurement will give the size of the canal approximately, but for accuracy in diagnosing and locating, we need his urethrometer. In cases of tight stricture, the smaller-sized bulbs are preferable, because they will readily enter the urethra, and because his instrument, as a rule, registers incorrectly the lower numbers of the scale, besides losing its shoulder so to speak. In strictures of large calibre, however, it is invaluable, as it can be enlarged to fit the lumen of the urethra after passing the meatus. Once treatment is well under way, and the orifice freely cut, the firmer solid bulbs come into use again.

These data obtained and noted, it becomes necessary, in most cases, to enlarge the entrance to the canal. I dwell on this because, though apparently a trivial step, it but too often proves a stumbling-block. Had we a sound working on the principle of the urethrometer, one the size of which we could increase when within the urethra, we might leave the orifice alone. However, I have repeatedly met with cases where no stricture could be detected, and a free incision at this point was followed by complete cessation of all discharge. The term "cutting the meatus" seems to me decidedly wrong; it leads many astray, and has given rise to the very prevalent method of snipping the same with a pair of scissors to avoid hæmorrhage and pain. I followed the advice given me only to find, in my first case, a "stricture" at the other end of the fossa navicularis. Introducing the urethrometer, and screwing it up to the capacity of the urethra, we will find, on withdrawing it, either, that it comes out without a catch; this is rare, but if the case, no interference is necessary; or, it catches just within the lips of the meatus; if so, by all means let us use the scissors; but in most instances it will catch a short distance down. Be this a stricture or a normal contracture, the treatment is the same. Dilatation at this point is very painful, hence the meatus stretchers are not desirable, and nothing but a free incision, with a blunt pointed bistoury or meatotome passed in a half inch or more, will open the door, and obviate reclosure by healing.

A word next concerning the dilatation; the sound should not be passed into the deep urethra or bladder. Normally the narrowest parts of the canal are the vicinity of the meatus and the membranous portion; the former is enlarged and admits instruments, in consequence, which stretch the latter, cause pain and suffering more or less intense, and often set up a most serious train of symptoms. Treatment must needs be stopped, or, if carried out without such complications, we justify the criticism made to me by a well-known German syphilographer, who disapproved of using large instruments "on the American plan," because he had observed that, in such cases, subsequent inflammations set up, and that at an early stage, trouble in the deep urethra, bladder, etc. Again the sound should be passed *into* the stricture only, and if there are several, the dilatation of the first should be complete before the second is touched and so on. As to the first point, when once in the stricture our end is accomplished, and there is no need of dilating any other portion. Having once accurately located the lesion, this is of course easy. As to treating more than one constriction at a time, there is this serious drawback: with the instrument tightly held, we lose the sensations conveyed in its onward journey, and can no longer guide it intelligently, or, using the amount of power necessary to force it through, we may do incalculable damage beyond. This is especially true of constrictions near the orifice of the canal, and hence another reason for their early and complete obliteration.

Further, the old-time sound is to my mind a snare. The temptation is almost irresistible to pass it beyond the angle of 45 degrees, or "all the way in;" the beak must needs be fully two inches beyond the stricture to give the same the full size of the instrument; pressure is made throughout the canal, when it is only needed at the point of constriction, and there is no scale to show just how far the beak has gone. A straight instrument will reach every point of the urethra proper, and, with a little practice, can be passed farther on if necessary. Dr. F. D. Weisse, of New York, published in the *Medical Record* of December 20th, 1884, the description of some bulbs and sounds which seem to fill a long-felt want. He has, too, in the accompanying article, emphasized the distinction between the urethra proper and the deep or vesical urethra. I have had a full set of his sounds and bulbs made for me, and I present them to the society for examination. He describes them as follows: The bulbs are "Otis' metal bougie à boule with a non-flexible, ruled staff, and with a bulb at either end—

giving two sizes to the one instrument. Its length . . . . . is six and one-quarter inches from the apex of one bulb to the base of the other. . . . . The staff, smaller than the bulbs, has two flattened sides, which are ruled in one-quarter inch spaces, etc." These are useful, as before stated, in conjunction with the Otis urethrometer, the advantage over the original instrument being the scale on the staff. With these go "a set of urethral sounds with ruled staffs." They consist of "a sound portion at either end—two sizes to one instrument—and an intervening staff portion. The *sound portion* is two inches in length; the middle, for an inch, presents the full circumference or size of the sound in millimetres (French scale); the ends (for half an inch each) taper through several sizes. The *staff portion* has much less circumference than the sound portions, and it is four and a quarter inches in length; it is flattened on two sides (one for each of the end sounds), which are ruled in inches, with the quarter inch divisions." The taper is abrupt, the sound or stretching portion is short, but fully long enough, while the scale, by comparison with the bulbs or urethrometer, tells exactly how far the instrument should be passed. Lastly, after giving them a fair trial, I feel they have enabled me to take a step in the right direction.

How and when are we to cut for stricture? As before stated, should we find a hard, resisting band or ring, into which an instrument enters with difficulty, causing pain and often more or less bleeding, a continuance of gradual dilatation is useless, and I sincerely hope the day is not far distant when, under these circumstances, cutting will be the rule, not the exception. Further, I do not see how any instrument but the one devised by Otis can do any permanent good. I once met with a stricture a short distance from the meatus, and, introducing an ear-speculum, I tried to cut it with a blunt-pointed tenotome. I was converted to the dilating urethrotome! The key-note seems to be complete division of every fibre, and when this is done, in the vast majority of instances, there will be no recurrence and no necessity for further instrumentation.

In the above category we ought to include resilient strictures, but as they are usually of traumatic origin and are found in the membranous urethra, they deserve separate mention. In this location, beside the tendency they show to recontraction, there is the danger of reaction from continued instrumentation and the stretching process, and sooner or later cutting must be resorted to. The enthusiasts on the subject of internal urethrotomy would carry that operation into this region. I would

enter a most emphatic protest against such practice. The cases of death, whether from hæmorrhage, shock, or urethral reactions, have been almost invariably after deep urethrotomies, and besides, the operation is exceedingly difficult of execution. I feel quite safe in saying that we may lay down the rule, internal urethrotomy to the bulb, external urethrotomy or perineal section at or beyond that point. Here, too, when the section has been complete, there is no fear of recurrence.

There are inflammatory conditions of the urethra, granulations, erosions, etc., which often yield to pressure and topical applications, but when occurring in the deep urethra, where they are most obstinate, long lasting, and dangerous, we lose what is, perhaps, our most potent weapon. Pressure will stretch, will cause pain, and will sooner or later set up serious mischief. Our instruments then must be small and, if possible, soft. A Nélaton catheter, carried to a point where the fluid does not run out of the meatus, will irrigate the whole deep urethra, while the small-sized silver catheter of Ultzmann, with capillary perforation and syringe attachment (hypodermic size), or the porte remède of Dittel, will allow concentrated fluids and solids respectively, to be accurately placed anywhere between the triangular ligament and the true vesical sphincter.

Passing to the bladder, I cannot refrain from a word concerning catheterization. There are here two flagrant abuses, the use of hard instruments and the desire to "put these in," not "let them find their way in." Simple as this caution may seem, it is none the less too often forgotten, and to this fact, with that abomination the metal catheter, are due, not only most cases of failure in retention, but all the false passages that so often complicate such failure. Nélaton and Mercier deserve the eternal thanks of suffering mankind, and alongside of them among the immortals should be seated the inventor of the filiform. With these three instruments, a syringeful of sweet oil, and a limitless supply of patience, at least no harm can be done.

The last resort, too, in such cases should, I think, often be a much earlier one, viz.: aspiration, a harmless operation, easy of execution, one that can be indefinitely repeated, but usually postponed until irreparable harm has been done.

In conclusion I would say a word concerning the treatment of acute urethritis.

May we not discard that, to my mind, more than useless instrument the syringe? Was there ever a man who could

properly inject his urethra? and, as a rule, how little do the two or three squirts a day avail him! Will not internal medication take the place of the syringe? In some cases, perhaps, yes, in some, perhaps nature will come to the rescue, but a form of efficient local treatment must yet be found. This will supplant the syringe in the inflammatory stage, when hot water, pure or slightly medicated, is used to cleanse and keep down inflammation, and in the stage of decline, when astringents are substituted.

Irrigation has been highly lauded and severely criticized, but in it I think we have, for the present, a solution of the problem. The main difficulty seems to be the pain caused by the instruments used. My attention was called some three years ago to an article by Whitehead, of Manchester, I believe, in the *Lancet*, describing a catheter for irrigation. It was of hard rubber with a bulbous point, from which "eyes" looked backward to prevent, forsooth, the passage of the water "into the bladder;" the shank was made up of three cords arranged spirally and forming three grooves for the ready egress of the water, and to insure its washing more of the surface. I sent for it, and used it—once. Thinking over the surgical anatomy of the urethra, I ventured to substitute a Nélaton catheter with the eye in the point, and found it worked perfectly well.

The course I pursue with an acute urethritis is as follows, and while there is no claim to originality in the method, I have used it long enough to heartily recommend it.

In a bath-room adjoining my office, I have a Betts' bucket and pan, such as he uses for the vaginal douche. The patient sits on the latter, as I found that in some individuals there was a tendency to faintness at first. In the bucket is warm water which is made hotter as desired; this is medicated slightly during the early stages with antiseptics, for which astringents are substituted later on. From the bucket runs a rubber-tube with stop-cock and adjustable tip at the extremity, and to this is attached a soft catheter with the eye at or as near the point as possible, and of a size to suit the meatus.

The patient having passed his urine, the instrument is lubricated with carbolized glycerin, and introduced beyond the limit of the inflammatory process, or to any point short of the triangular ligament; the water is turned on and flows forcibly out of the meatus. The sittings are daily and at first of short duration, the guide being the patient's feelings and

face, and are gradually lengthened to one-half hour at the outside, while the temperature of the water can be raised by degrees to such a point that the hand can hardly be held in it. The average case requires about two weeks before the discharge becomes thin and watery, when irrigation is of no more avail. In some instances this stage is reached in a few days; in others, the average given is surpassed, but the most striking point is the immunity from pain, dysuria and chordee. With a meatus markedly swollen, a urethral mucous membrane deeply congested, and a discharge copious, thick and of a greenish hue, we might expect such trouble, but it is absent, and when these symptoms present, irrigation quickly dispels them. Once the stage of decline is well advanced, I substitute for irrigation, medicated bougies; any preparation can be ordered or obtained at Mitchell's, but I prefer pretty strong astringents with opium added. I order the long size (six inches), and have them cut in two and introduced after lubrication with glycerin, three times daily for the first two days. If they are well borne they can be lengthened as seen fit and introduced after each micturition. The discharge once stopped or reduced to a minimum, it but remains, after a short wait, to carefully examine the urethra for sensitive spots or constrictions.

Of course, local and general hygiene are not forgotten, and remedies are administered as considered indicated. They will often materially hasten the end they do not seem readily to bring about alone.

Further, it is not always the remedies considered most potent in such cases that do the work. It is well to have a group of drugs to look to in any disease, but the empiricism this has led to has undoubtedly had much to do with the falling into disrepute of internal medication.

We have then, it seems to me, in irrigation a rational method of treatment, one that gives better results than we have been able to obtain thus far, but one which at present involves considerable time and trouble for the physician, as well as annoyance for the busy patient. It is most certainly worth our while to devote thought to the matter, and I confidently expect to see the day, and that shortly, when it will be so simplified and perfected as to become the routine treatment.

AURAL SURGERY *vs.* HOMŒOPATHIC THERAPEUTICS.

BY H. C. HOUGHTON, M.D., NEW YORK.

(Read before the Homœopathic Medical Society of the State of Pennsylvania, September 2 th, 1885.)

At a time when members of our own school are becoming skeptical as to the real value of their methods, and, suspecting that the results of practice in past years were mere chance effects, are drifting into expectancy or empiricism; at a time when members of the old school are awaking to a realization of the fact that the greater success of the new-school physician is due to his practicing according to a principle; at this time, when men should look for more exact methods in their care of the sick, it may be well to consider some reasons for our faith to be drawn from special study and practice.

Let me therefore ask your attention to a contrast between aural surgery as generally practiced by the dominant school, and the same supplemented by homœopathic therapeutics, and afterwards give some reasons for my belief in our methods, based on personal experience.

The contrast to which I refer is that between the mechanical and the vital, the tangible and intangible, the material and the immaterial; and we are liable to be overthrown by the demand of science for evidence which consists in so many feet of surface, so many pounds of weight. *Vis medicatrix naturæ* never paid deference to coarse demands.

Great credit is due those who have studied the mechanical. Two items may illustrate: The practice of aural surgery has been transformed and placed on a basis of scientific merit by the invention and introduction of the otoscope, or aural mirror, of Von Troltsch, and the method of inflation of the tympanum now known over the world as "Politzer's method." Previous to Von Troltsch's application of the principles of reflected light for aural examinations, aurists depended on direct illumination, and the art was a neglected one; his instrument was the entering wedge for better and more exhaustive methods of study. Politzer's apparatus is so simple that any one can use it, hence the abuse of it in lay hands; but it is simply invaluable when intelligently applied. Other instances might be cited, showing the apprehension and application of various devices by which the functions of the ear have been improved as well as studied. While we have been busy in the study of materia medica and therapeutics, our colleagues of the other side have been equally earnest in the study of diagnostics, and

it were well for humanity if both parties were broad enough to join forces for its welfare in sickness, its protection in health.

The administration of remedies is in the same direction; the local application of remedies to relieve pain, or to produce tissue changes by direct action; the use of large doses of iodide of potassium and corrosive mercury as alteratives, and of quinine, iron, etc., as tonics, may be mentioned as general exceptions for constitutional effects. Such good results have followed these methods, and such evil has resulted from excessive medication, that one cannot wonder at the caution exercised by those who have not studied our methods.

Turn now to homœopathic therapeutics. The ear, like the eye, offers an opportunity for studying all the tissues that enter into the human organism; integument, mucous membrane, bony frame-work, nerves from cerebro-spinal and sympathetic systems, in addition to those of special sense. The external ear presents those structures that are affected by diseases of the skin, subcutaneous tissues, and periosteum; the middle ear those of mucous membranes, the lining of the tympanum being periosteum to its osseous walls; while the internal ear is lined by a complicated duplicated serous membrane, some of which, in its double relation, is also periosteum on one aspect. We find that this complex organ is not an exception to the accredited action of remedies upon similar tissues in other parts of the body.

We are sometimes told with a sneer, that Hahnemann was not a pathologist, and that none of his disciples have done anything worthy of mention in medical science. Hahnemann was a physiologist, and laid the basis on which other less gifted men have built the much-lauded superstructure of "physiological medicine" so called, at the same time that they deny to his name the credit which is due; few men can bear obloquy, hence it is easier to say physiological medicine than homœopathy. The work that Hahnemann did in the face of ignominy, the originality, the disinterested devotion to truth, may support our claim that to-day he would be abreast the foremost in any line of original research.

In later years, as our school has grown in numbers, in means, in opportunities, special lines of study have confirmed general truths. While the pathologist has been making great advances in determining shades of diagnosis, we have been equally active in the discovery and confirmation of means to cure.

One of our colleagues tells the following. He graduated in the old school, and years after met a classmate, who detailed

the history and symptoms of a case in his practice. Our colleague said: "Doctor, do you want me to tell you the first thought in your mind after considering the details of that case?" "Certainly." "Well, you thought, what is the matter with this patient?" "Yes; and what would be your first thought?" "What will cure him?"

The great wonder to the neophyte to homœopathic practice is this, that a dilute preparation of some single drug should select some special tissue or organ for its sphere of action. We have become so used to this trite experience, that we forget our own early wonder and delight.

The affections of the external ear most frequently seen are dermatitis, in acute or chronic forms, furuncle, and, more rarely, phlegmon; the regular treatment of these is *local*, unless the administration of cod-liver oil may suggest the action of Iodine in minute doses; the treatment of acute forms of skin disease is relieved by cooling applications, while sleep is induced by some form of opium; chronic dermatitis is *cured* by local applications, notwithstanding the fact the constitutional dyscrasia creeps out in some other locality; the phlegmonous inflammation is mitigated by local agents, and runs its limited life; the indication being to sustain the patient and induce sleep. The integument being scarified to relieve tension if superficial application fail. Furuncle must be aborted by free incisions, and diffuse inflammations of the meatus auditorius externus laid open to the deeper tissues. Does any one object, and say these methods belong to the past? I am sorry to say that they are practiced and enforced to-day in our public clinics.

Contrast with these the course of cases of inflammation of the deeper tissues about the ear when under the influence of *Belladonna*, *Hepar sulph.*, *Mercurius*. The course of the disease is not only cut short, but the extreme suffering is lessened, and the liability to recurrent attacks diminished.

The same is true of Iodide of arsenic and Iodide of sulphur in chronic dermatitis. The local symptoms are relieved and the constitutional dyscrasia overcome.

Furuncle, a perifollicular inflammation of the outer third of the meatus, has been arrested by *Picric acid* or *Picrate of lime* in numerous instances. The general symptoms of *Picric acid* led me to the use of the drug, and the action of *Hepar sulph. calc.* to the union of the two drugs.

The study of diseases of the mucous membrane of the middle ear opens so wide a field for illustration of this subject, that I

can only touch upon it. We are indebted to our friends of the opposite side for valuable leadings to specific medication, in that they have given very extensive observations on the toxic effects of drugs which had previously been unstudied; these effects are crude suggestions, which we may follow into more careful details, and learn the real merits of the drug. In the case of *Mercurius dulcis* I was led to its use in the lower triturations from reading Toynbee's treatise, and found it very effective in overcoming the obstruction of the Eustachian tube by reducing the engorged mucous membrane of the naso-pharynx.

Capsicum annuum would probably have passed without notice unless some hospital experimentation had confirmed the local external symptom, and defined its actual, although limited, scope of action. The use of *Ferrum phosphoricum*, of *Kali muriaticum*, of *Magnesia phosphorica*, and other salts, was suggested to our school by one who is far from agreeing with our theories, but they have been tried and their more minute indications discovered. Similar work remains to be done, but we have at hand remedies, the action of which is well known upon the mucous membrane elsewhere in the body, and the indications laid down in the very earliest books on homœopathic practice, guide us to-day as surely as they did the pioneers. *Belladonna*, *Chamomilla*, *Pulsatilla* are as valuable to-day as a century ago, and have saved many patients from the knife. *Hepar sulph.*, *Calcarea*, and *Mercurius vivus* are as valuable to limit a suppurative process, and *Silicea* to hasten repair, as they were before some of our friends of the opposite side became so enthusiastic over the *Calcium sulphide*. As though a rose by any other name would smell as sweet! Operations on the drum-head are not so likely to become necessary under our remedies, and repair is much more prompt and perfect.

Chronic suppuration of the middle ear is the bane of the aural surgeon's experience, and while he must not neglect the use of all local measures consistent with internal medication, he will find that close study of the characteristic symptoms of discharges, etc., will lead to a remedy which will supplement the local cleanliness, antiseptic applications, etc.; too many cures have been made by our remedies, by those who did not claim any knowledge of aural disease, for any one to deny the assertion. It is not the purpose of this paper to consider in detail, remedies by which repair of tissue is induced; therefore we proceed to speak of the internal ear. Here we are again

at an advantage, because we have remedies to act on the structure of the labyrinth, and even the auditory nerve. Instrumental treatment, directed to the middle ear, will relieve hyperæsthesia of the auditory nerve, depending on pressure at the stapes and foramen rotundum, and hypodermic injections over the mastoid have been of some value, but are far inferior to remedies in the form of triturations, or dilutions of lower potencies. Again, subjective conditions of the auditory apparatus are frequently the result of remote disturbances and functional failures. These are overcome by remedies prescribed on generalities, even when a close differential diagnosis was impossible. Pathological study of the internal ear has not been of as great service in solving clinical observations as it has been in the middle ear, but the action of *Quinine*, *Salicylate of soda*, *Muriate of pilocarpin*, and a few other salts, suggests the possibilities open to the future.

It would be an interesting study to make a close analysis of remedies acting on the ear, classifying those which act with preponderating force on tissues, and compare this analysis with those previously made on other organs, but enough is known to show that a general rule underlies all drug action; like not only cures like, but, action on fibrine connective tissue, on glandular elements, on epithelial structure, in one organ or system, argues a similar action in the structure of another. Time will not allow more than a suggestion. Every new drug must be tested in this manner before its entire range can be determined, and some such tests have given valuable information.

It is unnecessary that I should go into a contrast of the experiences of discomfort or actual suffering. At one of the clinics in New York a physician saw a little child shrink from the manipulation of one of our most skilled specialists. "Madam! what is the trouble with your child? You must teach her to obey. Where has she been treated?" "At Twenty-third Street Hospital." "Bah! that accounts for her actions; those miserable homœopaths just demoralize the patients!"

There are always early birds as forerunners of the coming spring, and there are medical men who are in advance of their fellows—on the lookout for better things. This is evidenced in the fact, that a member of the New York Academy of Medicine read a paper before that celebrated body, entitled "*The Treatment of some forms of Ear Disease by Milder Methods than those usually in Vogue.*" It is to be regretted that the

gentleman did not have moral courage to tell his fellows just the sources of his knowledge, but he had good reason to fear the ire and the fire, as recent contests between old code and new code have shown that there is plenty of both elements in its organization.

Homœopathy has modified the practice of medicine to such a degree, that the physician of fifty or seventy years ago would hardly give credence to the evidence coming to his eyes and ears as he woke from a sleep like that of Rip Van Winkle. Hasten the day when beneficent medicine shall have done its complete work!

HOMŒOPATHY IN GREAT BRITAIN.

BY J. C. BURT, M.D., NASHVILLE, TENN.

DURING a recent visit to some of the old countries, I have had opportunity for noting the progress of medical reform, especially in the British Island.

To an American, accustomed to institutions comparatively new, and to lines of progress unobstructed by the antique and venerated structures of the past, it is not easy to comprehend the indirect march that is gradually advancing the discoveries of Hahnemann in Great Britain. Such advancement is not marked by governmental appointments from the ranks of the outspoken practitioners of the gentle *similia*, nor yet by the authoritative recognition of institutions bearing the homœopathic name. But, nevertheless, the teachings of Hahnemann and his followers are bearing fruit in the literature as well as in the clinical practice and apothecary shops of the old school. Some little observation reveals the fact, all over England, more especially in the large cities, that apothecaries, obedient to the demands of the people, are beginning to keep and even to advertise, remedies hitherto quite unknown in the old school pharmacopœia. Nor is this all, the old school pharmacopœia itself, and even its text-books on materia medica, are being changed and extended to suit the demands of the times. The latest work on materia medica, that of the distinguished Dr. T. Lauder Brunton, brings forward remedies, for a knowledge of which recourse must be had to our homœopathic books on materia medica.

Let us note the argument suggested by these facts. The orthodox medical profession, especially members in high places and those having the ear of governmental authority, have closed their eyes persistently against all proofs of the superi-

ority of Homœopathy, refusing to recognize merit and to award praise as deserved; and its professors have tried to withhold diplomas from students preferring the new school, and even to withdraw those formerly given to men converted to the medical heresy. The London Homœopathic School, based on hospital privileges, patronized by nobility, with lecturers of the highest order, teachers not surpassed in scholarship and medical acumen in the oldest schools, is denied official recognition and power to confer diplomas because its therapeutic teachings are homœopathic. This want of recognition, and denial of authority continued year after year, is just as bitter and unyielding to-day as forty years ago; except, as I have mentioned, in the domain of authorship, where the voice of the people has been heard.

The public, convinced of the superiority of the new school by its practical work in the sick room, calling for its remedies at the shops of the apothecary and for its literature at medical book-stores, has induced the former, by such business hints, to keep on hand what customers call for, and the latter to discover the coming of a new current, that must be taken advantage of by an extension of medical literature in the direction of Homœopathy.

My late observations, added to those formerly made and to my knowledge gained through the *British Journal* (now of blessed memory) and the *Review and World*, through many years of careful reading, compel the conclusion that very little has been gained in the past and very little may be gained in the future for the new school in Great Britain, except by an *appeal to the people*. When the old school medical journals refuse to exchange with ours and receive complimentary copies of our books without a word of acknowledgment; when they refuse all communications at all favorable to our therapeutics, and never mention our teachings except to misrepresent and belittle them, what is the sense in continuing an appeal to *them?* Royal favor may avail much when properly gained, and an acquaintance with members of the royal family may be of some service; but the former has not been gained by the most decorous professional behavior and the most exalted talents devoted to Homœopathy; and what good may be expected to come from the latter can be seen by reference to the career of our late Dr. Quin, who was on the most friendly, if not intimate, terms with the Prince and Princess of Wales, and with personages high in the ministry of England.

I am satisfied that the recognition and final triumph of medical truth in Great Britain, as in America, depends upon the enlightenment of the public as to the serious defects, the dangers of the old practice, and the great superiority of the new. I hope I am not improperly "telling tales out of school" when I mention that this matter was the subject of conversation between Drs. Dudgeon, Dyce Brown, Clarke and myself, at a dinner given me by Dr. Dudgeon, and that it was the opinion of all that the highly conservative course, the deferential attitude toward the old school authorities, the fear of doing something that they might characterize as unprofessional, had failed to gain what had been deserved in the old countries. And it was considered essential that efforts should be made to popularize Homœopathy by lectures, tracts, books, etc.

I confess to a feeling of mortification on seeing but a handful of listeners at the opening address of Dr. Dyce Brown, in the London Homœopathic Hospital, and that a yet smaller number of students were in attendance upon the regular course by Dr. Clarke and others. I was greatly pleased with the address of Dr. Brown, and consider him and his associates as worthy of lectureships in the largest and best schools in Great Britain. I can but feel that our brethren in the older countries have been too conservative, too much afraid of stepping beyond the line fixed by old school medical etiquette, in their efforts to advance Homœopathy. They must do as we have been doing in America—make a direct appeal to the people who, after all, must be served and pleased by medical attendants.

As the people advance in a knowledge of Homœopathy they will call for the remedies and the book, and the shopkeepers will not be so blind to their own pecuniary interests as not to supply them; and the bookmakers will not be slow in learning what they have to do to meet a popular demand. And the voice of the people will be heard in parliamentary halls and ministerial circles, and before long the bars will be broken that now prevent the legalization of homœopathic teaching and diplomas in England and other old countries.

In America the people have come to our aid, so that in all efforts to mistreat our institutions and our practitioners, the thousand-tongued press is on our side, legislators are on our side, and "the powers that be" guard us with jealous care; and, as a result, we have hospitals and colleges equal to the best in the world and endowed with all necessary privileges and powers.

I trust our British brethren, with their learning, the light of which has long been shining grandly in their books and periodical literature, much to our advantage but all in vain upon the authorities of England, will turn directly to the people, giving them lectures and tracts and books, and gathering their energies together in support of hospitals, dispensaries and schools, till their influence is felt where laws are made and executed. Few countries are blessed with such finely educated and noble advocates of Homœopathy as Great Britain —only let them be more aggressive and less regardful of the good opinions of the old school.

The timely appearance of *Ameke's History of Homœopathy*,* under the auspices of the British Homœopathic Society, showing the transcendent abilities and charming character of Hahnemann, and his successful appeals to an intelligent public after a most ungenerous and savage reception on the part of the orthodox profession, may serve as a lesson to his followers now. When medical faculties and journals and societies are open to free discussion, when they allow investigation and expression on all medical topics, without abuse and without a resort to the repressive arm of civil government to check the progress of improvement and reform, it may be proper to discuss medical questions only in medical journals and societies. But that auspicious day for medical truth has not yet dawned, and the contest must go on in the public arena.

There is a sense of right among the people and a desire for the truth that will make them not only willing listeners and readers, but good judges as well. In their hands the reformer may be safe and his cause respected according to its reasonableness and practical results. To the people let us go.

A PROVING OF XANTHOXYLUM FRAXINEUM.

BY G. R. SOUTHWICK, M.D., BOSTON, MASS.

As an excellent description of this drug can be found in Hale's *New Remedies*, it is useless to describe it here. Messrs. Otis, Clapp & Son kindly supplied the tincture, which was made from equal parts of the fresh berry and bark. This fact may be of some importance, as there is said to be a differ-

* Ameke's History of Homœopathy, translated into English by Dr. Alfred E. Drysdale, and edited by Dr. Dudgeon. E. Gould & Son, London, 1885.

ence in the effect of the tinctures made from the berry alone or bark alone.

This proving was made by a lady medical student in her second year, the drug being unknown to her. The symptoms are given just as she recorded them without any attempt at classification, in order that each reader may use his own judgment in classifying them.

Miss ——, age about 23, dark hair, blue eyes, inclined to obesity, a very happy disposition, sanguine temperament. Always been perfectly healthy in every respect. No hereditary taint. Friday, 7.45 A.M. Pulse 80. Temp. 98.5°. Took 10 drops. No symptoms. Saturday, 7.45 A.M. Pulse 80. Temp. 98.5°. Took 10 drops. No symptoms. Saturday, 12.45 P.M. Took 10 drops *θ*. No symptoms. Sunday. No drug taken. No symptoms. Monday, 7.15 A.M. Took 20 drops *θ*. Pulse 80. Temp. 99°. Tuesday. No drug taken. Wednesday, 12.45 P.M. Took 25 drops *θ*. Wednesday, 3.30 P.M. Took 25 drops *θ*. Pulse 72. Temp. 99.5°. About 6 P.M. a sudden and violent pain in the head, which began in the temple and soon spread over the whole head. Seemed as if a screw were going through the temples. *Heavy pressure on the vertex.* After the pain had lasted about an hour there came a blur before the eyes, as if looking through a blue lace veil; was dizzy and a little nauseated. At 9 P.M. a loud noise in the left ear (like a windmill?) The pain was so severe I could not sleep till 12.30, when I felt a little better. Woke at 4 A.M. The nausea seemed to wake me. Attempted to rise, but was so giddy that I pitched forward. I then lay down, which seemed to relieve the dizziness, but not the nausea. Rose again at 8 A.M., and was not so giddy at 9.20 A.M. Thursday, had epistaxis. Thursday, 11 A.M. Took 25 drops *θ*, which did not aggravate the symptoms excepting the violent noise in the left ear, lasting about a minute at a time (it came three times). Pulse 68. Temp. 99.5°. At 12.45 P.M. took 25 drops *θ*. The nausea increased about 3 P.M. At 4.30 P.M. was so giddy and sick was obliged to go to bed. Pain *in the head* returned, and I felt that I *would like to take enough and kill myself. Very restless.* Could not find a comfortable position; felt rather easier lying down. Felt faint, so ate a cracker and drank ice-water, which relieved a little. About 10 P.M. the pain subsided and I slept till 11.30 P.M., when a dream of suffocating awoke me. Arose; was not as dizzy, but felt sick all over. Head very sore to the touch. Slept again till 5 A.M. Throat felt *dry and voice decidedly*

hoarse; felt as if I had been on a spree, occasionally a pain in the head but nausea and giddiness less; felt I would rather die than live. Arose at 6.00 A.M. Drank a glass of ice-water, which seemed to relieve the nausea. *Tongue heavily coated.* Nose-bleed at 8.20 A.M. Pulse 64. Temp. 99°. Toward noon felt better. At 12.30 P.M. took 30 drops. Ate a little lunch at 1.30 and felt better. About 4 P.M. a *sharp and sudden pain* in the region of the right ovary, which later radiated down the thigh and across to the left hip. It was relieved a great deal by lying down and drawing up the legs. Dull, heavy feeling in head. Could not walk straight nor talk straight. Vocal chords seemed affected; hoarseness had gone. At 10.30 P.M. took 30 drops. Slept almost immediately after. Dreamed that my throat grew up, and I awoke in a fright about 2 A.M. (not sure), was *shaking* and *left arm felt like lead*, and was numb. The numbness may have come from the position in which I lay. Nausea still, but not very giddy, so that I walked about (seemed not to get over the idea that I was suffocating) for an hour, then felt sleepy and slept till 6 A.M. Throat was painful to the touch, little hoarse, still nausea; head felt big; could not bear the light. Pulse 68. Temp. 99.5°. Pain in the inguinal region gone, milky-white leucorrhœa appeared, tongue whitish-yellow coating. Felt better after eating, but was very tired and ached all over. At 12 M. took 50 drops. Seemed better in the afternoon and went out. About 4 P.M. had an *indescribable sensation* all over me, really thought I was dying. Seemed as if *my whole body was falling to pieces.* Could not walk straight; *the atmosphere seemed blue* and *light flashed before my eyes.* My body seemed as if elastic and *on the stretch.* Tongue *seemed alternately to expand and contract. Violent noise in left ear*, like a bell in the distance. Could not eat, but craved ice-water, which seemed to relieve the nausea. Left leg was heavy. On lying down had a pain in the lumbar, or perhaps, better, in the sacral region. At 10 P.M. the symptoms improved, and I slept from 11 P.M. till 12 M., and again from 1.30 A.M. till 6 A.M. Sunday, pulse was 72. Temp. 99°. Felt better, and ate a good breakfast. Tongue still coated and leucorrhœa still profuse. Head felt large; heavy weight on the vertex; occasionally a ringing in both ears. No life nor ambition to do anything. About 4 P.M. felt sleepy, and did sleep till 7 P.M. Awoke. Ate supper, felt stupid, and went to bed at 9 P.M.; awake about an hour. With this exception, slept till 7 A.M. Did not remember dreams. Mon-

day, pulse 75. Temp. 98.5°. Tongue coated; was not hungry, but very thirsty; throat seemed always dry; great exertion to talk, hurt me, tried all day; head sore to the touch; leucorrhœa still profuse. Slept well. Tuesday, pulse 78. Temp. 98.5°. Tongue coated, no leucorrhœa, pain in back slight, left arm slightly numb. Wednesday, pulse 80. Temp. 98.5°. Felt better till 6 P.M., when a dull headache came on, but slept well. Thursday, some headache. Friday, quite well. The specific gravity of the urine varied from 10.15 to 10.19, and I think the urine was slightly increased in quantity. Bowels were not affected. Menses were early and profuse, preceded by a leucorrhœa, which was uncommon. Have had the numbness described before; nose-bleed never. Could taste the medicine two hours after taking; it always made me sick to take it. I have not described all my mental symptoms for fear I imagined some of them. Seldom have bad dreams.

In August, a little more than a month after the preceding, a second proving was made. Thursday, 12 M., 100 drops. No symptoms. Friday, awoke with sharp, cutting pain in right ovarian region, extending down the thigh and over the hip. Could not find any position comfortable. Head ached violently through the temples, on the vertex, felt as if the top of the head were uplifted. Loud ringing in the right ear. Great difficulty in breathing; I feared I should lose my breath entirely. Dizzy on lifting my head. Some nausea. Hardly had the courage to take more, but did on Friday, 10 A.M., 100 drops. Symptoms all increased. Was unable to rise; very chilly, although a warm day. Pain in the abdomen increased with great violence. At 12.30 P.M. menses appeared two days early. Pain in the head and abdomen increased in volume. Was not continuous, but came at intervals, cramp-like. Could not lie still. Hungry, but food nauseated. Drank a great deal. Urine profuse. Left side numb. Back of neck lame. Eyes twitched. Pupils dilated. Face flushed. Blue light before the eyes. 2 P.M., chill lasting five minutes. Great nausea; vomiting. Seemed, in vomiting, as if the stomach rose and fell. 3 P.M., temperature, 99.5°. Pulse 96. Abdominal pain so agonizing I could scarcely endure it. About 6 P.M. the pain in the head and abdomen lessened and I fell asleep. Was restless all night. Slept at intervals. Saturday morning awoke with dull pain in the right ovarian region; frontal, dull headache; limbs ached; very tired; menses flowed profusely; head seemed light; left side numb; left foot went to sleep; felt so sick could not take any more drug.

Sunday, still very tired and weak; flow profuse; little ovarian pain; throat ached; suffocation at intervals; urine profuse; head felt mixed; sparks of blue light before the eyes; loud ringing in ears. Monday, not quite as tired; limbs ached. Tuesday, not as much flow. Wednesday, flow disappeared; whitish leucorrhœa, which lasted three days longer; still felt tired, but no pain.

In *September*, about a month after the preceding, a third proving was begun. Thursday, 9.30 A.M., ten drops. Temperature 98.5°. Pulse 85. Friday, 3 P.M., twenty-five drops. Temperature, 98.5°. Pulse 86. Saturday, 11 A.M., fifty drops. Temperature 98.5°. Pulse 80. Sunday, 11 A.M., 50 drops. Temperature 98.5°. Pulse 76. 2 P.M. Dull headache, *noise in right ear like a valve opening and shutting, dizzy*, little nausea. 5 P.M. *Pain in the region of the left* ovary, *extending down the thigh*. About 7 P.M., menses appeared, five days early. Pain increased in the abdomen, also in the head. *Could not get enough air into the lungs*—thought I should suffocate. About 10 P.M. symptoms better; awoke several times during the night, and always found it difficult to breathe. Monday on rising, was dizzy, some nausea, *feet chilly, throat felt as if in a vice, whole left side numb;* seemed on walking as if the floor was cotton-wool; thrill over the whole body; arms better from being twisted; drawing pain in the back of the neck, down the right shoulder-blade. Flowed more than usual, and pain in the left *ovarian region intense*. This pain came suddenly, gradually increased in violence, dying away as it came. Took no more drug that day. *Very tired, ached all over;* felt something would happen. Headache subsided about night; slept well. Tuesday, awoke feeling *numb all over;* could not inflate the lungs; felt great desire to inspire. On *rising, was dizzy*, tongue heavily coated, blue light before the eyes, joints seemed loosened, *loud ringing in the right ear*. At 8.30 A.M. took 60 drops. 8.45. *Deathlike nausea, felt cold*, soon vomited; after that, felt better than I had at all, though still very tired; arms felt as though I had carried a heavy weight; legs *very weak*, exertion to walk, *flowed profusely*, some ovarian pain. Wednesday, 7 A.M., took one hundred and fifty drops. In an hour, nausea and vomiting; great dyspnœa during the day; muscles of the back seemed tired; *ached all over*. If I sat still for any length of time, the whole left side would go to sleep. Limbs seemed heavy to lift. Roaring in both ears. Things looked far away. Pain in the head less violent; flowed profusely. Throat ached; tired me to talk; voice seemed

hoarse; thrill over the whole body. Thursday, felt better; head ached a little; *very weak;* no desire for anything. 10 A.M., took one hundred drops, but vomited it almost as soon as taken; flowed profusely. Friday, felt pretty well, except occasional dyspnœa; great weakness; flowing about the same. Saturday, very tired; flowing not so profuse. No more symptoms. Flowing stopped Wednesday.

November. Monday, 8 P.M., one hundred drops. Tuesday, 10 A.M., dull headache, qualmishness, not able to get my breath; dizzy in walking; *numbness of left arm, noise in the left ear, voice hoarse, throat ached.* 2 P.M., 60 drops. Later, pain in the back of the neck, in the lower extremities, in knee-joints; dyspnœa increased, pain through the temples, on the vertex, head felt as though it were dropping to pieces; seemed in bed, as if I were sunken deep, sitting up, as if floating; great fear of something happening. Wednesday, dizzy on rising, some nausea, terrible headache through the temples and vertex, noise in both ears, *numbness of the whole body. Could not walk straight.* 7 P.M., took 75 drops. *Dyspnœa great;* pain in left ovarian region, extended over the hip and down the thigh; tired feeling in the back of the neck. Woke several times with a sense of suffocation. Thursday, 8 A.M., one hundred and forty-five drops. Pain in the temples and on the vertex all the morning; great difficulty in breathing. *Pain in the back* of the neck, which increased. About 2 P.M., neck became stiff, nausea, a chill lasting about ten minutes. Violent pain in the neck and right shoulder, extending down the back; could not turn the neck to the left; twitching in the muscles of the back. Pain severe in the left ovarian region; symptoms all increased. At 2.30 P.M., went to bed. Another chill and nausea; violent pain through the temples and on the vertex, flashes of blue light before the eyes, objects seemed far removed. Ovarian pain better from drawing up the knees and from heat. 6 P.M., took Aconite every 15 minutes till 9 P.M. Symptoms grew worse. At 10 P.M., took Camphor; felt better and went to sleep. Friday, pain in the head still severe; pain in the neck and back much better; could turn the neck easily. At noon, the pain in the abdomen better; suffocating feeling at intervals; no nausea; numbness of both arms; limbs ached; could not place them in a comfortable position; *milky, white leucorrhœa;* pain in small of the back. Everything seemed far away; pupils dilated. *Throat felt as if clutched.* Saturday, *very tired;* limbs ached, arms prickly, no interest in anything. Dizzy on walking, *suffocation, with*

weight on chest. Pain in ovarian region better; *leucorrhœa profuse; head felt confused.* Urine was profuse, menses early and profuse. Pulse and temperature normal.

No doubt some may criticize this proving, but the prover certainly deserves great credit for her courage and endeavor to do something to add to our store of medical knowledge. This proving is presented in hopes that the symptoms given may be corroborated by other provers. The writer feels convinced that it is of the utmost importance not to accept drug symptoms which can not be duplicated by other provers or verified by clinical use.

The drug was also taken by Mr. ——, of the same class. He was tall and slim, wiry build, has always been well and strong in every way, drug unknown to him.

June 30th, 4.30 P.M., 10 drops θ taken, no symptoms; July 1st, 3 P.M., 10 drops θ taken, no symptoms; July 1st, 8 P.M., 10 drops θ taken, no symptoms; July 1st, 9 P.M., epistaxis and dull headache; July 2d, 7 A.M., epistaxis; July 2d, 8 A.M., 20 drops θ, no symptoms; July 3d, 3 P.M., 40 drops θ, no symptoms; July 3d, 8 P.M., 20 drops θ, no symptoms; July 6th, 12 M., 25 drops θ, no symptoms; July 7th, 8 A.M., 25 drops θ, no symptoms; July 7th, 8.45 A.M., 25 drops θ, no symptoms; July 7th, 10.15 A.M., 25 drops θ, no symptoms; July 7th, 1.30 P.M., 25 drops θ, no symptoms; July 7th, 4.30 P.M., 25 drops θ, no symptoms; July 7th, 5.15 P.M., 40 drops θ, no symptoms.

The night following this large quantity taken during the day, he had diarrhœa, which he describes as follows:

First, *pain* and *griping* in abdomen, followed by diarrhœa, very watery, fever and chills. Later, dull headache and weight in head; whole head ached; intolerance of motion or shock; every step sends a shock to the head. Strained pain in the chest on deep inspiration; worse when awaking in the night, and when turning in bed. Motion of eyes in orbits is painful if much out of the field of vision, and eyes are sore on pressure; no thirst or appetite; urine high-colored; worse at night and in the morning, better during the day. Rests fairly well. Diarrhœa was of short duration, lasting one day, but the other symptoms disappeared slowly. Tongue coated white. Malaise; ears a little sensitive; blotches and boils on the face.

He is not subject to diarrhœa, and never had anything like it before, nor could he trace it to imprudent diet, or the effects of taking cold. There is some doubt as to its being the effect of the drug, as it could not be reproduced by repeated trials afterwards of large doses, as much as 150 drops at a time.

By the kindness of Dr. George W. Spears I am enabled to report the following interesting case of left ovarian neuralgia from his practice: Mrs. ——. Abortion at fourth month, placenta removed with finger; very soon after, tenderness over uterus and left ovary, accompanied with and followed by intense pain in paroxysms in the left groin, and streaking down over the anterior surface of the left thigh. Pain was so severe it seemed as if the patient might become insane, or pass into convulsions. She had to be held in bed at times, and nothing but ether brought relief. She was given Ars., Lach., and Cimicifuga without any effect, and finally Xanthoxylum 1ˣ was tried. The attack had then lasted a week. The severity of the pains and paroxysms improved at once, and in twenty-four hours had nearly left her. They did not return again. Her menses became regular, and without a return of the pain.

Miss ——; age, about 26; tall and slender, light hair, blue eyes, clear, white skin; always well and healthy; rather of a nervous temperament; drug unknown to her; is a very careful observer.

October 19th, 1884, 7 P.M.—Twenty drops of tincture caused intense burning and stinging in œsophagus with nausea. During evening decided dyspnœa with increased action of heart. Slept as usual, but was waked at about 4 A.M. by intense frontal headache.

At 8 A.M.—Thirty drops. Headache increased; of a burning, pressing nature; worse from moving head suddenly; extending to vertex and into orbits, with feeling of heaviness in eyelids and bright spots before eyes.

Dyspnœa continued, with occasional hot flushes over face and head. Face much flushed. Temperature and pulse normal. Pain and stiffness in nape of neck; relieved by pressing head backward.

9 P.M.—Sixty drops. The dyspnœa was again marked almost immediately on taking the drug, and only lasting two or three minutes, during which time it was almost impossible to get a satisfactory inspiration. I also noticed a faintness at stomach, as if I had been fasting, but when food was brought, I did not care to eat but a few mouthfuls, which nauseated me.

Had a restless night, and although I was very sleepy, constantly twisted and turned, and when I did sleep dreamed of being chased, and when overtaken and about to be killed could not make a sound to call help.

Woke at 5 A.M. The frontal headache which had disappeared during the evening returned with increased violence;

this, with a perfectly exhausted feeling, as if I had had no sleep for a long while, made it an effort to dress, but afterwards felt better, although could eat but little breakfast, as even odor of food nauseated me.

At 11 A.M. had severe pain in region of heart, lasting but a moment, and recurring at irregular intervals of from twenty minutes to half an hour. Made me hold my breath, and turn pale even to lips. Immediately after each attack was very thirsty, flushed, and exhausted. Temperature and pulse remained normal. Pain was cutting in character, and worse during inspiration, and passed directly through body in region of heart antero-posteriorly.

After quite hearty lunch, I was feeling better, when I was taken suddenly with cramplike pains in wrists and knees, finally settling down into a steady ache, and at same time noticed a deep, dull, boring pain in right hypochondria; my only relief was hot compress, steady pressure, and constant motion; lying down or sitting aggravated. This lasted nearly two hours, and then gradually disappeared, while the pain in knees and wrists persisted. Temperature at this time (4 P.M.) was 98.4°; pulse, 82.

Towards evening the headache and pain in back of neck reappeared. Head relieved by open air and cool water. Pain in back of neck seemed like rheumatism, and as before was better from pressing head backward.

9 P.M.—Had urgent call to stool; large movement, dark-brown, and rather loose. Caused some excoriation and burning.

10 P.M.—Took 90 drops. Went immediately to bed as I felt very sleepy, but headache kept me awake for an hour, and on shutting eyes there appeared bright spots, star-shaped, dancing up and down.

At 1 A.M., October 22d.—Was started out of sound sleep by severe pains in region of heart, and then violent action set in; apex beat to be felt and seen over large area, accompanied with suffocating feeling and almost complete inability to breathe; had to sit up in bed, and turn first one way and then another, almost as in severe case of asthma; even accompanied by coughing spell without expectoration. This was repeated three times during night, and at one time was almost unconscious from the peculiar, agitated, tremulous beating of the heart. Pulse, 110; temperature, 101°. Slept hardly at all; felt weak and exhausted, and had constant hacking cough without expectoration; sometimes arising from tickling in throat, and again seemed to be deep in bronchi.

Head ached also in frontal region, and extending into orbits; eyes bloodshot with red margins, feeling as if full of sand. Was very thirsty, but no appetite; craved coffee and lemonade. At 9 A.M. temperature was only 97°; pulse, 70; and although dressed, lay around, feeling miserable all day. I had now taken the drug four times, in all 200 drops. I confess to being somewhat frightened at the action in heart, and decided to wait a week before I continued the proving. The headache lasted four days, gradually decreasing; the pain in back of neck lasting three, although amounting only to stiffness the last day. Cough lasted all the week, indeed seemed to increase, although I had not the slightest symptom of a cold except this; it, however, amounted only to a hack, with now and then, perhaps three times a day, quite a coughing spell, which I noticed came on only when I was in the open air, also a slight hoarseness was noticeable at same time.

The bowels were regular, but rather loose, and still caused some burning and smarting for an hour or two after. Otherwise was feeling as usual. On the fifth day menses appeared, anticipating eight days; flow was rather increased, bright red, and lasted five days. Slight dysmenorrhœa, relieved by walking and hot applications. Was very nervous, easily startled and hysterical.

November 3d.—Seemingly in perfect health again, at 10 A.M., took 50 drops of tincture. The dyspnœa was marked in fifteen minutes, with sharp cutting pain in lower portion of right lung. The cough continued, and became more frequent, with scraping, even sore feeling under sternum. Cough seemed more spasmodic; recurred at regular intervals of about twenty minutes, and was of a voiceless, stifled character. Towards evening the same headache began to return, and the peculiar, stiff, painful feeling in back of neck, so that involuntarily I put my hand constantly there to try and relieve by pressure. The cough continued, and during each attack felt sharp pain in lower portion of right lung.

10 P.M.—80 drops, and went immediately to bed. Slept very heavily until 4 A.M., though dreaming constantly. Was waked at this time out of a sound sleep by a bad coughing spell lasting several moments. My head was aching severely, eyes bloodshot and heavy with red burning lids. Back was aching severely, the whole length of spine. Face was flushed, but body was cold. At 5 A.M. temperature 98°. Pulse 92. In attempting to rise, was seized with vertigo, felt as if falling forward; everything became black, and I grasped for support.

This was accompanied by nausea which prevented my eating breakfast, and in twenty minutes after I vomited the coffee and toast which I had succeeded in taking.

At 10 A.M.—120 drops. The dyspnœa was immediately marked with severe coughing spells, running at intervals of ten minutes. Aphonia and pain in lower part of right lung on deep inspiration or coughing. Pain in back became very severe, and was localized more in cervical and upper part of sacral region.

12 M.—The cough constant and had an attack of pain in region of heart as in previous proving. Vertigo constant with black spots dancing before eyes. The cough was aggravated by exposure to cold draught, ameliorated in warm room. Cough was not especially painful except as it caused pain in lung which lasted a moment or two after cough was over.

4 P.M.—Urgent stool at 1 o'clock and another at 3. Small watery, dark and offensive, no pain since passing, but severe burning pain in rectum and at anus following. Temperature 100°. Pulse 100. Very thirsty, drinking large quantity at a time.

10 P.M.—Took 200 drops of tincture. In five minutes urgent stool, same color and consistency as before, same burning pain following. Every inspiration was an exertion, and very unsatisfactory, as deep breathing brought on pain in lower part of right lung and in heart. The cough was almost constant. Head and neck ached; neck was stiff; carotids throbbed. Pulse 130. Temperature at 10 P.M. 103°. Constant dyspnœa; respiration 36. Frequent urination, once in three hours; scanty and high colored, sp. gr. 1025. Very restless night; frightful dreams of being killed or burned. Bright images before eyes which were sensitive to light, dilated pupils and bloodshot. Constant and increasing sense of constriction across chest as if I had been running fast and long, or as if heavy weight on lung.

At 5 A.M.—Movement of bowels followed by same burning and stinging, and slight hæmorrhage as from hæmorrhoids. Cough not quite so frequent or painful. Dyspnœa continued with some oppressed feeling in lungs. Head and back ached; was perfectly exhausted and very weak. Had no appetite, but was very thirsty. Temperature at 7 o'clock was 101.2°. Pulse 120. Coccyx seemed elongated, was extremely sensitive to pressure, and ached all the time; could not sit except on foot- or air-cushion. Dragging in lower part of pelvis and back. At 11, severe aching pain began in right ovarian region, causing

me to forget all other pains and aches, and to walk the floor. The pain was constant, radiating from right ovarian region to hip and thigh and back, a shooting, darting pain, causing me to hold my breath; and at same time, leucorrhœa coming with a gush and of a milk-white color, coming at no other time. This lasted until 4 P.M., when it ceased suddenly, and from that time, the back and head began to feel more comfortable. Two slight movements of bowels, one at 10 and one at 3 P.M. Amount of urine passed in twenty-four hours, 30 oz., sp. gr. 1030, acid reaction. Cough was less frequent, dyspnœa not so decided although oppressed feeling still present.

Nov. 5th.—Much better, fair appetite, and rested well. Weak and exhausted, but chest symptoms have nearly disappeared; back and head still ache.

Nov. 6th.—All right again; the symptom last to disappear was headache, and am still somewhat weak.

OPTICIANS *vs.* OCULISTS.

BY W. A. PHILLIPS, M.D., CLEVELAND, OHIO.

Various legal restrictions have from time to time been imposed upon medical men, to prevent the public from suffering at the hands of incompetent physicians and surgeons. The severest criticism that can be offered concerning the law in this regard is, that the enactments are not sufficiently stringent, nor are those that do exist enforced with a degree of watchfulness their merit demands. There is one important department legitimately belonging to the "cloth," that has been encroached upon with a freedom, audacity, and, it may be added, a voluminous ignorance, that the law has not fully protected, and which omission calls for remark. The department in question includes as a part of its province the selection of glasses in the various errors of refraction.

It is a fact well appreciated by every skilled oculist, that the accurate fitting of glasses for all patients below forty years of age, and in a large proportion above that age, involves a knowledge of ocular physiology and the refractive power of the eye and of lenses, which opticians are not supposed to possess. While our system of education is undoubtedly a step in the right direction, it is, nevertheless, true that the excessive use of the eyes demanded in the various fields of culture has brought a train of evils in the development of errors of refraction and other disturbances of function, that in

some measure counterbalance the benefits of a thorough course of study. Impaired vision, notably *myopia*, is annually on the increase in our schools, and in many occupations requiring close and persistent use of the eyes. In this impairment, particularly, the nicest discrimination is necessary in the selection of glasses, lest more harm than benefit be derived. Medical treatment at the same time is often of the first importance, including specific directions as to the hygienic management of the eyes and the general system. Is the usual—or even the exceptional—preparation of the optician such as to enable him to differentiate between stationary and progressive myopia? Can he give the practical precautions to be observed in the use of glasses in the respective varieties? Can he diagnose a case of apparent myopia due to spasm of the ciliary muscle? These questions cannot be truthfully answered in the affirmative. Even general practitioners who have attended from one to three courses of instruction upon affections of the eye, as taught in the general college course, cannot give trustworthy advice on these points; nor is it really any reflection upon them or their teachers that they cannot do so; for the subject is one requiring the most careful study in order to enable one to give intelligent advice. The danger in myopia that the sight by neglect or improper management may become very greatly impaired, and in rare cases lost, render it imperative for the good of the public that the best information available be sought rather than trust to the patient's own selection of glasses, or to a man whose knowledge of physiological optics begins and ends with the business transaction of buying and selling.

Not less frequently are mistakes made in hyperopia and astigmatism, though fortunately less positive harm is likely to result from improperly selected lenses in these defects, while at the same time the asthenopic symptoms are often even more severe than in myopia. Moreover, in a large proportion of the cases ranging over all the varieties of the defects of refraction, it is absolutely impossible to make an examination and accurately determine the lenses best suited to the eyes without resorting to dilatation of the pupils (paralysis of accommodation). Do opticians ever do this? If they did, is it likely with their training in this line that they would be able to make any more accurate selection of glasses than they could under the unfavorable condition of examining the eye with the ciliary muscle in full play?

In most cases, the obliging optician especially exhibits his

fitness for his calling by allowing the applicant to make his own selection, which under the circumstances is well; but the oculist very well knows from observation that the patient after trying a few lenses in a hap-hazard way becomes more or less confused and really cannot tell with certainty which glasses are the easiest; but as the stronger ones magnify more than the weaker, the stronger for the moment seem to afford the most relief. Accordingly, in almost every instance, glasses varying from five to twenty numbers too strong are chosen, and the purchaser subsequently goes through the experience of fitting his eyes to glasses instead of fitting glasses to his eyes.

Aside from refraction, there occurs a class of cases in which some affection of the eye has produced impaired vision, and the subject of the disease seeks an optician for glasses. If the sight is not greatly impaired, strong lenses, by giving a larger retinal image, will frequently improve somewhat the distinctness of objects and a purchase is made. Is it necessary to assure the most obtuse that such glasses are liable to occasion injury by imposing a strain upon the eyes through the action of the ciliary apparatus?

Numerous examples, illustrating the importance of skill in the management of each of the varieties of refractive defects, can be adduced in support of the foregoing, which are as significant as the following:

Case I.—N. W., æt. 13, had pain in her eyes when studying; occasional blurring of the sight; and injection of the conjunctiva. She could not see well at a distance without concave glasses, No. 60, with good perfect vision. An optician recommended lenses of this number to be worn for near and distant vision. This was a case of apparent myopia—the patient could not see well at a distance while concave glasses made the sight perfect. *Ergo.* To an optician the evidence of myopia was perfectly conclusive, notwithstanding the glasses could not be worn for study with any degree of comfort. A careful examination showed that instead of being myopic she was just the opposite, hyperopic, the apparent short sight (myopia) being due to spasm of the ciliary muscle. The spasm was overcome by jaborandi, when convex 48 gave prompt and permanent relief.

Case II.—L. B., æt. 15, had suffered more or less constantly in consequence of asthenopia ever since he first attended school. Finally the pain and indistinctness of vision became so great after any use of the eyes for near work, that

he was taken from school. He had worn convex glasses of various numbers, selected by an optician, for several years, in spite of which the symptoms constantly increased. An examination proved that he had hyperopic astigmatism. Convex cylindrical glasses, the axis perpendicular, enable him to use his eyes without the least discomfort. In this case, the optician might have saved his credit, saved the lad seven years of headache, and one year of schooling, if he had recommended that an oculist be consulted for a prescription.

Case III.—E. J., æt. 10, inherited myopia, which was in the progressive stage at the time of my first examination. Vision of right eye $\frac{1}{2}\frac{0}{0}$, left eye $\frac{1}{3}\frac{0}{0}$, reading distance six inches. Use of the eyes caused pain, blurring of sight and lachrymation. It was recommended that the patient be taken from school, that the eyes might have perfect rest together with the benefit of medical treatment. The parents, being very anxious that she should continue her studies, listened to the advice of an optician, who selected glasses and directed that they be used constantly for both far and near vision whether the child had pain or not. "She must get accustomed to the use of the glasses," was the fatal advice that led to the loss of one eye, and to increased impairment of the other. My second examination, made six months after the first, showed the left eye to have become practically useless, and the right to have been reduced in sight to $\frac{1}{2}\frac{0}{0}$, which can fairly be attributed to the influence of the glasses. It is true, the short sight had slowly progressed during three or four years previously to my first examination; but the rapid increase of the defect, notwithstanding the hours of study were reduced, and the pain occasioned by the wearing of the glasses show conclusively that the glasses did harm, and as it has proved, a degree of harm that is irreparable. Had an eye surgeon made an operation as unwarranted as that selection and recommendation of glasses, and one which had terminated as unfortunately, a suit for malpractice would very likely have been instituted and could have been justly sustained. But an optician can safely make errors of this sort indefinitely, while the victims reap the sad consequences, and the optician a goodly per cent. of profit.

Case IV.—Miss D., æt. 20, since first attending school suffered almost daily from headache, and, in consequence of protracted use of her eyes, occasionally nausea amounting at times to actual vomiting. She had worn glasses of various numbers which gave a little relief. It finally occurred to the

reflecting minds of the patient and her family, that possibly the optician did not know all things pertaining to glasses, and to her case especially. An examination revealed myopia with myopic astigmatism. A combination of — 30 ⌓ — 36, axis horizontal, corrected the refraction perfectly, and all the unpleasant symptoms have entirely disappeared, and she is able to use her eyes night or day without discomfort.

The above remarks are not designed as an indiscriminate attack upon opticians, nor as a special plea for oculists; but it is designed as an argument in favor of either educating opticians for work in this department, including reasonable skill in the use of the ophthalmoscope, or of prohibiting them from selling glasses without a prescription from a reputable oculist. There are a few conscientious and well read opticians, who refer all the cases that come to them to an oculist before selling glasses, provided the least difficulty presents itself in making a selection. They sell just as many goods and secure greater confidence at the hands of the public. But what shall be said of the grossly ignorant, and of those who travel through the country blowing their own horn, and selling the most inferior glasses under high-sounding names designating different kinds of pebbles! I recently prescribed for a patient who not long since paid an optician *thirty dollars* each for two pairs of spectacles on account of the wonderful quality of the pebble—whether the gold in the frames were of like high quality I did not learn. Unfortunately, however, she could not wear either pair. Now, the actual fact is, that pebbles of whatever kind or name are not, because of their greater dispersive power, so good as the manufactured or crown glass, hence the patient above referred to might have saved at least forty-five dollars and had suitable glasses besides, had she first consulted an oculist instead of being gulled by a travelling vender of glasses.

The selling of spectacles is, of course, a perfectly legitimate occupation, and so is the selling of drugs. But the latter is regulated by law on the same principle that a physician, or surgeon, or oculist is regulated—protection to the public. Years ago, before the study of errors of refraction had developed the fitting of glasses into an art, holding rank with other branches peculiar to the medical profession, and lenses were employed mostly for the relief of long sight occasioned by age (presbyopia), there seemed to be no idea in the minds of opticians or physicians that any harm could result to imperfect eyes whether the glasses were accurately fitted or not,

but to-day no one can be regarded worthy of confidence who has not enjoyed special instruction in this line. Now add to presbyopia the increasing ills arising from myopia, hyperopia, astigmatism, and their combinations, and is it not plain, in view of the injury which glasses may do, that it is high time for oculists and general practitioners to do their duty in creating a popular sentiment and knowledge on this subject that shall lead to protective legislation? No conscientious optician can reasonably object to a requirement of informing himself as thoroughly as is demanded of an oculist, otherwise refusing to sell without a prescription from an acknowledged expert. If an oculist is required to be a graduate of medicine and expected to spend at least two years more in the study of ophthalmology before he can be considered competent to do skilful work, why should a man calling himself an optician be allowed to practice an important part of this speciality without any previous preparation? Why not as well permit a man styling himself a natural born —— "bonesetter" to treat granular lids or blepharitis, or any other affection comprehended by ophthalmology? As already assumed, it is not at all probable that any honorable and skilled optician would object to raising the standard of their requirements, or of demanding an accredited prescription before selling glasses. On the contrary, we may confidently expect their hearty co-operation in a movement to displace incompetent spectacle peddlers and other ill-informed venders of glasses in favor of intelligent and educated opticians, or of placing the matter of the examinations wholly in the hands of oculists.

PHOSPHORUS NOT THE ONLY REMEDY IN RACHITIS.

BY DR. A. LORBACHER.

(A. H. Z., 14 and 15, 1885.)

(Translated by S. Lilienthal, M.D., of New York.)

After giving the theories advocated by Kassowitz in relation to rachitis, the worthy editor of this journal continues: This theory, at any rate, is in accord with the law of similarity, and gives us a valuable indication, but is deficient because it considers rachitis too much as a *local* morbid process. There are yet many morbid manifestations in rachitis which cannot be deduced from a disturbance in the formation of bone. I might only mention the spasmus glottidis; the disposition to general spasms, to meningitis, to bronchial and nasal ca-

tarrhs; to disturbances of digestion, etc., which happen so often in rachitic children; and Kassowitz made a mistake in ignoring them. We are forced, therefore, to accept a general disturbance of nutrition, evincing itself in the life of the cell with the character of proliferation. Most rachitic patients are the children of syphilitic or tuberculous patients. Possessing the disposition to it, it only needs some unfavorable hygienic cause for the development of the disease, though it may make its appearance without any such cause in persons disposed to it, and we have then the lighter cases before us. The examination is of the first importance; we must find out whether our patients are the offspring of luetic or tuberculous parents, and we must note the course of the disease from its very start.

Considering fully the etiology, we find four different groups of symptoms: 1. General. 2. Symptoms observed on the bones. 3. Emanating from the brain, spinal cord, and nerves. 4. Symptoms in the organs of respiration and digestion.

To the first group, belongs the apparent obesity, or rather bloatedness, of the children, which, during the continuance of disturbed nutrition, passes into the opposite state—emaciation, poverty of the blood, loss of strength, great obstinacy and ill-humor, stupid features, great sensitiveness to atmospheric changes, especially to damp, cold weather; often, also, hyperæsthesia.

In the second group, we meet swelling of the epiphyses and diaphyses, softening, craniotabes, and distortion, inhibited development, great sensitiveness to the touch and pain on motion, slow dentition, caries.

The third group contains the symptoms spasmus glottidis, general convulsions, paresis, retardation of mental development, idiocy.

In the fourth group, we meet a tendency to torpid bronchial catarrhs, with much mucous râles; a tendency to pneumonia and tuberculosis, and in the gastric system an alternation of bulimia with inappetency; a tendency to gastric catarrh, with frequent vomiting of the milk or of other food; flatulency; diarrhœa with watery, whitish, or greenish stools, painless, more rarely a tendency to constipation, when the stools are more clayey.

We see, therefore, that strict individualization is as much necessary in rachitis as in any other disease.

Let us begin our comparison with *Phosphorus against Calcarea carbonica.*

Both show a tendency to the formation of adipose tissue,

showing itself in Phosphorus more in the form of fatty degeneration of the internal organs, especially of the liver and muscles; whereas in Calcarea carb., we have more fatty deposits, principally an increase of the panniculus adiposus. We see, therefore, in Phosphorus, the skin and muscles rigid, whereas, in Calcarea they are flabby; hence, in Calcarea, the greater tendency to perspiration, especially about the head and chest, and during eating, which is far less the case in Phosphorus. The former has constant thirst, the latter constant thirstlessness. The greatest difference is in their mental sphere: Phosphorus, greater irritability, changing humor, a disinclination to converse, an exaltation bordering on insanity; Calcarea carb., garrulity, excessive obstinacy, dulness of mind, idiocy.

In Phosphorus we find amelioration after midnight; in Calcarea amelioration before midnight.

Phosphorus has contracted pupils, disgust to bread, feels always worse after taking warm food; frequent micturition, urine scanty, acid, often smelling like ammonia, with red, yellow, or white deposit. It acts more on the diaphyses.

Calcarea carb.: Dilated pupils, desire for bread; worse or better after warm food; micturition too frequent, acid, usually with a white deposit. It acts more on the epiphyses.

Rachitic patients often suffer from general epileptiform attacks, and especially from spasmus glottidis. The former are found in both remedies, whereas the latter is only found in Phosphorus. The symptoms of pneumonia also prevail far more in Phosphorus than in Calcarea; the tendency to pneumonia is far more decided in children, descendants of tuberculous parents, a point which needs full consideration in the choice of the remedy.

A combination of both is found in *Calcarea phosphorica*, a remedy which has stood the clinical test by its satisfactory results in many cases. Some might object that Phosphorus is here not the acting agent, but Phosphoric acid, and there may be something in it; but still there are many differential points, as:

Phosphoric acid: Generally no pains; painless swellings of the glands; periosteal diseases; heat, with aversion to lying uncovered; thirst, mostly only during sweat; efflorescences, especially on uncovered parts; lustreless, sunken-in eyes, pupils mostly dilated; desire for milk or beer; indifference with taciturnity; moroseness; weeping disposition.

Phosphorus: Congestions upward; severe pains; hot, painful swelling of glands; diseases of the substance of the bones

(diaphyses); heat, with desire to uncover; constant thirstlessness; efflorescences, especially on covered parts; eyes protruding and shining, pupils mostly contracted; desire for acids; aversion to milk and beer; good humor, excited and easily angered.

We clearly perceive, then, that in rachitis the action of Phosphorus and of Acidum phosphoricum is not the same; we might say, in a few words, that Calc. carb. and Acid. phosph. suit rachitis with a torpid character; Phosphorus in that with an erethistic character, and especially in children descendants of tuberculous patients. So far, we have failed to get a clear insight of the action of Calcarea phosphorica, and further provings are necessary.

We have mentioned already that Calc. carb. suits more the torpid form of rachitis, and Phosphorus the erethistic one; but only rarely do we find cases which do not hold symptoms of both. Our provings with Calcarea phosph. give, as characteristic indications, the greater painfulness of the joints found in many rachitic patients, and usually accompanying the onset of the disease. These pains are often of extreme severity, so that the patients are afraid of making a step; the pains do not cease at rest, and simulate rheumatism. We all know how often we meet coxalgia in children, and only lately we had a case where all symptoms disappeared in two weeks under the use of Calcarea phosph. and Chamomilla.

A second symptom is the great nocturnal restlessness, sleeplessness; patient tosses about in his sleep and awakens frightened, a grand symptom of Calcarea phosph., which I verified lately in a case where a boy had two restless nights after its use, which not only disappeared when the drug was left off, but he slept afterwards more quietly than he had ever done before. It certainly would be valuable if we could get more precise indications for Calc. phosph.

Silicea is another grand remedy for rachitis, for we find in its pathogenesis not only the general symptoms of rachitis, but especially the swelling of the ends of the joints, which, according to the experiments of Kassowitz with Phosphorus, are caused by increased vascularization. Hence its action here is more limited to enchondroma (spina ventosa) on a rachitic soil, and to caries, especially with profuse suppuration. Here Silicea acts far better than Phosphorus, which, as far as known, causes only caries of the lower maxilla. Its chief action is witnessed in general scrofulosis, evincing itself in

skin-eruptions, ulcers, and glandular swellings and suppuration.

Some of the symptoms of *Lycopodium* point to rachitis; as ill-humor, irritability, obstinacy, bulimia alternating with inappetency; pain in the tibia, swelling of the knee. In company with Phosphorus, we find, in the former, flabbiness of skin and muscles; sensitiveness of external parts; pupils dilated; loss of memory, dulness of mind, even to dementia; desire for sweets; constipation; retention of urine more than incontinence.

Clinical experience teaches that Lycopodium is indicated in the caries of rachitic patients, especially with simultaneous glandular swellings, which appear spread out all over the body in the form of solitary nodes, of the size of hazelnuts, especially around the neck.

Aurum and *Nitric acid* are mostly useful in such cases of rachitis based on syphilis of the parents, whereas in Phosphorus tubercular heredity prevails.

Circumcision a Cause of Reflex Irritation of the Genito-Urinary Organs.—For some years, Dr. Mastin's attention has been called to the frequency with which he is consulted by persons of the Jewish faith, on account of chronic urethral discharges, irritable urethra, and other affections of the genito-urinary organs. The main factor in these cases is a preternaturally small meatus urinarius externus which results from the early removal, by circumcision, of the prepuce. The glans-penis in a child, being covered by muco-cutaneous tissue, remains in this condition just so long as the same is protected by its natural covering, the prepuce. If, however, the prepuce is cut away at an early age, eight days or even longer, the glans becomes exposed to the rough contact of the child's napkin and other articles of clothing, and the consequence is, it soon changes its muco-cutaneous condition, and becomes converted into almost true dermoid tissue; this being the condition in which we find the glans-penis of every Jewish youth, as may be easily verified from examination. Since nature has wisely protected the various outlets of the body by a muco-cutaneous surface between the mucous canal and the true skin, we find these orifices remain in a normal state just so long as the muco-cutaneous tissue is preserved in its integrity. Otherwise, irritation soon runs into inflammation, followed by a deposit of retractile material about the orifice, which in time produces a permanent contraction. We see this to be the case in those contractions of the lachrymal puncta, after long-continued inflammation of the tarsal edge of the eyelids; in the mouth, after burns or ulceration of the lips; in the anus, after ulceration around its verge, and more noticeably true in a contracted meatus which follows a balanitis associated with a long-standing blenorrhagia. It has been clearly demonstrated that irritation of peripheral nerves produces centric disturbances in the spinal cord through the excito-motor system, which are thence reflected back. Histories of several cases are given, in which diverse symptoms, such as incontinence of urine, sexual weakness and painful micturition, were caused by a condition of contracted meatus, and relieved by dividing and enlarging the opening. —*Med. Record*, October 10th, 1885.

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☞ The Editors consider themselves responsible for the maintenance of the dignity and courtesy of the journal, but *not* for the opinions expressed by its contributors.

Editorial.

THE ISSUE IN ENGLAND.—The letter of Dr. J. P. Dake, of Nashville, Tenn., respecting the status of homœopathy in England and its prospects of advancement, will doubtless awaken earnest thought in the minds of British homœopathic physicians, not merely because it furnishes a view of the subject from an extra-English stand-point, presented, too, by a physician who enjoys in a very high degree the esteem and confidence of those whose interests it chiefly, or at least most directly concerns, but also because its views are such as must surely have suggested themselves to our homœopathic brethren across the water, whenever they have contemplated the rapid spread of homœopathy in America and contrasted it with its slower progress in Europe.

It is a cardinal and accepted principle of ethics, that humanity holds an imperative claim upon the best—upon *all* —that medical science can do or furnish for its benefit. All educated physicians concede the right of the public to the most skilful and efficient service that the profession can render. It requires no straining or distortion of logic to conclude from

this, that the medical profession is bound, by a duty that cannot be evaded, to render this highest and best possible service.

A superficial view of this ethical requirement might convince the physician that he is doing his whole duty by simply carrying its principle into the sick chambers of his own patients. But a little consideration will show that this forms only the the beginning of professional duty. The crudest system of medical ethics enjoins the additional duty of striving "by every honorable exertion to enrich the science of medicine," and to "be vigilant for the welfare of the community." The American "codes," allopathic and homœopathic, strongly urge the duty of the physician to make public every new discovery or invention likely to benefit suffering humanity. Hence, it will scarcely be admitted that any homœopathic physician has done his whole duty by simply prescribing to the best of his ability for such people as may choose to solicit his services. He owes a duty also to those who do not believe either in him or in his system of practice.

In undertaking to fulfil this other and most important obligation to the public, the homœopathist finds himself thwarted by the endeavors of his allopathic brethren. These men strive by every means at their command to prevent the people from availing themselves of the advantages of homœopathic treatment and to keep from them a knowledge of its vast benefits. Progressive and conscientious physicians have thus found themselves forced into a relation of apparent hostility towards the majority of their fellows, and have found the predominant sect of medical men really and bitterly hostile and actively antagonistic to those vital public interests that are bound up with the principles and practice of homœopathy.

This attitude of the great body of medical men towards the more advanced thinkers and practitioners of the profession, led the latter, both in Europe and America, to the adoption of a policy which all of us must regard as eminently discreet and sagacious. It was believed that if homœopathic physicians in their relations to each other, to allopathic physicians, and to the public, would but conform to the ethical standards employed by the better portion of the allopathic profession, until they should be able to demonstrate the superior efficacy and value of homœopathic treatment, the unreasonable hostility of the opposing faction would rapidly die out, and the new principle of treatment, perhaps, be generally adopted. The policy adopted on both sides of the Atlantic was essentially the same. Its results, however, have been widely different; a

fact due entirely to the misuse of legal authority in Europe by allopathic physicians and indifferent laymen, to prevent the study and practice of homœopathy.

Following out this wise policy, the efficiency and advantages of homœopathic prescribing have been overwhelmingly demonstrated in millions of cases. It has been shown, as conclusively as any therapeutic fact was ever shown, that, as compared with allopathy, the new system cures its patients more frequently, more quickly, and more permanently, and also more safely, more pleasantly, and less expensively. It has been shown both in hospital and in private practice; and few, if any, careful comparisons have ever yet been instituted that have not shown results highly favorable to the homœopathic mode of treatment. Meanwhile, its practitioners have carefully maintained as high a character for scientific learning and professional rectitude as have their allopathic brethren, while, in some of the most important of those qualities that ever characterize the professional gentleman, they have far outstripped their opponents. This testing time was doubtless necessary in the first instance, but its results are now before the profession, and will fully justify any aggressive and honorable steps that the homœopathists of England may find requisite to bring the claims of their mode of practice forcibly to the notice of the authorities and people, and secure the recognition of their equal professional privileges and honors.

Now, it has evidently suggested itself, even to the careful and conservative mind of Dr. Dake, that the time for a radical change of policy has fully come. It must be sufficiently evident that, even were homœopathy four-fold more valuable than its friends claim it to be, that circumstance would never secure for it a proper and respectful consideration from the opposing school. That school will concede just so much as is extorted from it by physical force, and no more. Just so long as the homœopathists of England are content to endure their present position, just so long they may expect to occupy it. They may rest assured that allopathists will never help them out of it, unless it should be to drive them out of practice altogether.

Coming back to our original proposition, is it not clearly the duty of homœopathic physicians to bring, somehow or other, the knowledge of homœopathy and its benefits to the whole vast public, and this, whether its arrayed enemies are pleased or displeased? There are, we submit, certain positions which homœopathic physicians and laymen everywhere should

assume and maintain; and these we commend to the judgment of our friends over the water:

First. A public declaration and avowal of open hostility to the allopathic profession; said hostility to be persisted in until her present unethical principles are abandoned. *Secondly.* A stated and energetic demand upon the legal authorities for equal professional rights and privileges for all schools or sects in medicine; said privileges to include the right of the people of each sect to select their own physicians, to educate their own physicians, and to license their own physicians. Notice to be given that this effort is to be persistently, and regularly, and resolutely urged, until every one of these demands is complied with. *Thirdly.* A similar demand for the passage of such laws as will effectively prohibit discrimination between medical sects in governmental appointments.

Such a scheme involves work, and requires workers. These workers should be thoroughly organized, and the organization should include physicians and patrons, men and women. Every possible individual of intelligence, wealth, or influence should be secured; because intelligence, wealth, and influence will all be needed in carrying on the work. Above all, the workers should be people of the sort who do not get "tired," and who will enlist for the whole war. Branch organizations should be established everywhere; first, to secure local advantages, and, secondly, to help the general cause. If legislation is required, the questions at issue should be forced, in some shape, before both houses of the legislative body *at every session* without fail, and, whenever possible, should be forced to a vote. The names of the legislative friends of the measure, of its enemies, and of the apathetic, should be furnished to every member of the working organizations throughout the country, as a guide in future elections. Meetings should be held, addresses delivered—not upon homœopathy, so much as upon the subject of equal medical rights,—resolutions passed, newspaper influence secured, literature disseminated, money raised, hospitals and dispensaries established and strengthened, and every honorable personal and social influence exerted upon each separate individual in authority, to secure his hearty support to the measures in question. These methods should be persevered in for three, five, or ten years, or, if necessary, for twenty. We have not the least idea that the work can be done in three years, neither do we believe that it would require twenty.

All American physicians believe that what England most

urgently needs is, first, a licensing board, composed exclusively of homœopathic physicians, and clothed with full powers, and, secondly, a medical college and hospital for the training and education of homœopathic students. With these two advantages secured, the battle would be practically won. Without them, it is difficult to see how it is possible to lift homœopathy into that high public esteem and influence that it so pre-eminently merits. We are fully aware that the difficulties to be surmounted are great,—they may be even greater than we suppose—but we have strong faith in the inherent British sense of justice and equity, and we firmly believe that it would be in England as it has been in America, that thousands of allopathic laymen would lend their voice and influence to aid in securing equal medical rights for their homœopathic neighbors.

The Initiation Fee.—Just after the arrival, from Secretary Burgher, of the fresh, crisp-looking volume of Institute *Transactions*, and while we were exhibiting it to a professional brother who happened in, we asked him why he did not join the Institute. His reply was, in substance, that he wanted to become a member in 1880, the year of his graduation; but, learning that it would cost him five dollars in addition to the regular annual dues, he found himself unable to afford it. He had, each year since, felt that he could give a five-dollar bill, but had never felt that he could afford *two*. He hoped, however, to be able soon to identify himself with the organization in whose work he had always felt a lively interest, etc.

The physician above referred to is a rising and professional spirited young man. We believe the time will come when, if he should join our national organization, he will be an exceedingly useful member. We have just been making a calculation, and find that the Institute, in endeavoring to collect a five-dollar initiation fee from that one physician, has missed just thirty dollars in annual dues, and with the likelihood of losing still more. The American Medical Association charges no initiation fee. Is it not worth while for our societies to consider this matter?

An Oversight.—In our editorial respecting the *Lecture on Homœopathy* (see November number), we inadvertently omitted to give the lecturer's name. It was Professor Conrad Wesselhœft, of Boston, whose name still further commends the *Lecture* for use as a "campaign document."

Notes and Comments.

Dr. Schweninger, senior physician of the Munich Hospital, is dead. He is a brother of Prof. Schweninger of Berlin, the medical adviser of Bismarck.

A New Use for Pickled Cabbage.—M. Tuyagopu has discovered an alkaloid in pickled cabbage which he claims suppresses the delirium from long-continued abuse of alcohol.

A Homœopathic Dispensary in Calcutta was opened in July, 1884. In the first year of its existence it accommodated 983 patients, of whom 794 or 84.7 per cent. were cured. Out of 65 cases of intermittent fever, 60 were cured.

Anatomy and Religion.—Strange that cold anatomy could influence one's religion; and yet an individual who is thin, emaciated and weak, cannot be a Mohammedan, his anatomy forbids it; he is not a Mussulman (muscle-man).

Sanitary Matters are not likely to attain a very high standard in Russia. A sanitary journal was recently started in that country. Ere long it was confiscated by the government. It appears that the editor of the journal had exposed the deficient workmanship on sewers, etc., which had been accepted by the authorities as good. Truly, the lot of the contractor in that country is a happy one.

Vaccination and Whooping Cough.—A writer in the *Cincinnati Lancet and Clinic* recently attempted to cast ridicule on a homœopath who had spoken favorably of the value of vaccination in whooping cough. His remarks have served to start a discussion on the subject, from which it appears, that many old school physicians believe that vaccination exerts a modifying influence on the course of whooping cough, and of measles as well.

A New Remedy in Hay Fever.—Build yourself a yacht; it may be a cutter, or a clipper, or both. Name it "The Pilgrim," as a dim reminder of the grim pill of the "old method" of treatment. Then invite a jolly party of friends—be careful to include a brace of newspaper men—and spend a few weeks during the hay-fever season, poking your "nose-pole" among the rocks and islands of the coast of Maine. Dr. Winslow, our editorial predecessor, has tried it, and appears to be perfectly satisfied with the result. Physicians who have not a big eye-practice, need not "take notice."

Onosmodium Virginianum.—A local newspaper relates that one Sunday in October, 1814, as a number of American soldiers were on their way from Buffalo to Sackett's Harbor, on reaching a point midway between Caledonia and Avon, in the Genesee Valley, one of them was murdered and robbed by his companions. The neighbors buried the body near the roadside, and the next year a specimen of the "False Gromwell," or "Wild Job's Tears,"—*Onosmodium Virginianum*—sprang up over the new-made grave. During the seventy years that have followed, the plant blooms annually, but never spreads beyond the surface of the grave, and no similar plant can be found elsewhere in all that region. The murdered soldier was Private John Alexander, from the vicinity of New Haven, Conn., a neighborhood in which the "False Gromwell" grows in profusion. This is the plant recently experimented with by Dr. W. E. Green, of Little Rock, Ark., the results of which were given to the profession in the June and October (1885) numbers of the Hahnemannian.

New Publications.

Physician's Visiting List for 1886. P. Blakiston, Son & Co., Philadelphia.

This list is now in the thirty-fifth year of its publication,—certainly, most excellent evidence of its popularity among physicians. B.

The Homœopathic Physician's Visiting List and Pocket Repertory for 1886. By Robert Faulkner, M.D. Boericke & Tafel, New York and Philadelphia.

An improvement has been made in this issue of Dr. Faulkner's visiting list, the repertory being printed on tinted paper, the records for daily engagements and prescription on white. It has a pocket at the end for slipping in other blanks when the book is filled. J.

Otis Clapp & Son's Visiting List.

Perpetual, gilt edges, pocket and flap; contains obstetric calendar, pulse and respiration rates, thermometric indications, dentition notes, etc.

The list has 104 pages for thirty names each, ruled so as to give two spaces for each day in the week, one for visit mark, the other for prescription or charges, and then a space for memoranda. There are also pages for obstetric and other memoranda. The paper is thin but good. T. S. D.

The Medical News' Visiting List for 1886. Lea Brothers & Co., Philadelphia.

This, a new candidate for professional favor, comes to us for the first time. It contains calendars for 1886 and 1887; table for estimating the date of confinement; chapters on signs of pregnancy, signs of dentition, weights and measures, examination of urine, disinfectants; table of eruptive fevers; notes on remedies not in general use; chapters on incompatibles, methods of performing artificial respiration; poisons and their antidotes; table of doses; therapeutic table, and a chapter on ligation of arteries. It contains blank pages for the daily record of practice, with space for memoranda; for recording daily variations in pulse, temperature, etc.; for consultation practice, obstetric engagements and practice, vaccinations, deaths, addresses of patients, etc., and cash-account. The whole is elegantly bound in leather, with gilt edges, and thumb letter index, which enables one to open the book at any desired part. B.

Post-Mortem Examinations, with Especial Reference to Medico-Legal Practice. By Professor Rud. Virchow. Translated by T. P. Smith, M.D., from fourth German edition. Philadelphia: P. Blakiston, Son & Co. 1885.

A manual on post-mortem examinations by such a man as Virchow can only be one of highly practical value. Such is the one before us. The methods of performing an autopsy are briefly yet thoroughly stated.

Three plates, showing the locations of the incisions required for the examination of the heart, have been added to the book. The author also gives three interesting cases, in which the autopsies were performed by himself.

B.

How to See with the Microscope. By J. Edwards Smith, M.D., Professor of Histology and Microscopy in the Cleveland (O.) Homœopathic Hospital College, etc., etc. Second edition; illustrated. Chicago: Duncan Bros. 1885. 12mo., pp. 410.

A good many amateur microscopists of the present day have spent much time, labor, and money in learning how *not* to see with the microscope, lessons which in the progress of the art must sooner or later be unlearned by those who would keep pace with its advancement. This book of Dr. Smith's is designed to prevent the acquisition of these false ideas, and we believe it well fulfils the end of its creation. The best time to read this book is before purchasing an instrument, but better later than not at all.

Our profession ought to be glad that the first edition of the book was so rapidly exhausted, since it furnishes the best sort of evidence that homœopathic physicians propose to keep abreast of the times in diagnostics, pathology, and medical microscopy generally. The book, even without a teacher, is a safe and reliable guide to the beginner as well as to the more advanced student.

D.

A Treatise on Nervous Diseases, their Symptoms and Treatment. By Samuel G. Webber, M.D. New York: D. Appleton & Co. 1885.

It scarcely seems possible that there can be a *raison d'être* for a new work on nervous diseases. Yet, after examining the above book by Dr. Webber, we can readily see that it fills a gap in neurological literature. Most of the works on nervous diseases, thus far published, are either out of date or else go so deeply into the subject as to be of interest to the specialist rather than to the student or to the general practitioner. Our author's design was to prepare a book which should give a *thoroughly systematic account of the essential points relating to the symptomatology and treatment of nervous diseases.* In this he has succeeded. Everything is up to date, and explained in a clear, intelligible manner.

B.

A System of Obstetric Medicine and Surgery. By Robert Barnes M.D., and Fancourt Barnes, M.D. Philadelphia: Lea Brothers & Co. 1885.

The senior author has long been known as an eminent authority in obstetrics. One, therefore, expects to find in a systematic treatise on this subject of which he is one of the authors, a very high order of excellence. He has associated with him, in his work, his son, who is not, by any means, unknown to the profession. The history of gestation, of puerpery, of the mechanism of labor and of hæmorrhage, is written by Robert Barnes, while that relating to the prevention of puerperal diseases and the description of obstetric operations, is contributed by Fancourt Barnes. The section on development of the ovum has been written by Professor Milnes Marshall,

a man who has spent much time in the investigation of embryology in the physiological laboratory. This subject of the development of the ovum is the natural bugbear of the student. Professor Marshall, we think, however, has handled his material so skilfully, that much of this fear will be removed. Mr. Noble Smith, a well-known English orthopædic surgeon, furnishes the description and treatment of congenital deformities. Both the authors have done their work well, and have given to the profession a book which will, undoubtedly, become very popular. B.

Epilepsy and Other Chronic Convulsive Disorders. By W. R. Gowers, M.D., F.R.C.P. Wood's Library of Standard Medical Authors.

When Gowers' work on Epilepsy first appeared in 1881, it immediately took the first place among works bearing on this subject, a position it has maintained ever since. It is, therefore, a valuable addition to Wood's Library of Standard Medical Authors for the current year. B.

The Management of Labor and of the Lying-in Period. A Guide for the Young Practitioner. By Henry G. Landis, A.M., M.D. Philadelphia: Lea Brothers & Co. 1885.

The author of the book presupposes that his reader has already gained a thorough knowledge of the anatomy of the parts involved in the subject, and has mastered the mechanism of normal labor. He, therefore, begins his work with a description of the management of normal labor and then takes his reader through the descriptions of the various forms of dystocia, and the best methods of carrying the parturient woman safely through them. The book is not intended to be a systematic and elaborate treatise, such as that of the Drs. Barnes, already referred to, but as a guide to practice, divested of all superfluous details. B.

Applied Medical Chemistry, A Manual for Students and Practitioners of Medicine. By Laurence Wolff, M.D. Philadelphia: P. Blakiston, Son & Co. 1885.

The author's object in writing this book is to present in as simple a manner as possible the practical application to medicine of the principles of chemistry. The work is divided into five chapters, the first of which treats of the various apparatus employed and the methods of using them. The second considers the chemistry of poisons; the third, physiological chemistry; the fourth, excretions and concretions, and the fifth, sanitary chemistry. In chapter fourth, we find a very full description of the various processes employed in making urinary analyses, given in a strikingly clear manner. At the close of each chapter, the author gives a syllabus. B.

Manual of the Diseases of Women. By Charles H. May, M.D. Philadelphia: Lea Brothers & Co. 1885.

The author does not make any claim for originality in the presentation of this work. He simply gives a brief outline of the theories and facts per-

taining to the science and practice of gynæcology. It is intended chiefly as an aid to the student. E.

History of Homœopathy: Its Origin, Its Conflicts. By Wilhelm Ameke, M.D. Translated by A. E. Drysdale, M.D. Edited by R. E. Dudgeon, M.D. Published by the British Homœopathic Society. 1885.

This book is not a tiresome array of dates and statistics. It is a delightful presentation of matters of interest in Hahnemann's time, and in the stormy trials of the homœopathic school in its early days.

Here is answered every charge preferred by the opponents of Hahnemann's system of medication, and answered so satisfactorily, so completely, that none but the blindest partisan can resist the persuasion of the truth.

The translation is, of course, excellent; but there are some liberties taken not consistent with impartiality. There have been added to the pages headings which are, to all appearances, innovations; they are not in the German edition. Whether or not they are made with Ameke's consent, we know not. They are, in general, advantageous, rather than objectionable, except when, as with "rule" for "law," "*curantur*" for "*curantur*," they introduce mooted points, into which it is unfair to drag the German editor. F.

The Oleates: An Investigation into their Nature and Action. By John V. Shoemaker, A.M., M.D. Philadelphia: R. A. Davis, Att'y. 1885.

This little work is composed of a compilation of Dr. Shoemaker's several papers on the subject of Oleates, published from time to time in journals and society transactions, together with some new matter. The author has spent ten years in the investigation of this subject. He details the history and origin of the oleates in medicine, their mode of manufacture and their physiological and therapeutic action.

Transactions of the Thirty-eighth Session of the American Institute of Homœopathy (Forty-second Anniversary). Held at St. Louis, Missouri, June, 1885. Edited by the General Secretary, J. C. Burgher, M.D. Pittsburgh: Stevenson & Foster, Printers. 1885.

This ever welcome volume of 717 octavo pages, in a handsome cloth binding, comes again in due course, to greet the members of our national organization of working homœopathists. The subjects included in its pages, that are most likely to interest our physicians, are chiefly to be found in the Report on Materia Medica, with its Provings of Secale Cornutum, Lycopus virg., and Alcohol and Glonoine, and in the Report of the Committee on Drug-Provings, with its original observations on Aconitum napellus, Aletris farinosa, Convallaria, and Stannum met. These observations were made under the new rules adopted by the Committee on Drug Provings, and exhibit some striking contrasts to many—indeed most—of the old provings. In this connection, the Committee calls attention to "the notable absence of the irrelevant symptoms which most of us believe to be produced by causes other than those of drug action," and "the clear distinction which

we are able to make between the real and the imaginary." Attention is also called to the close resemblance exhibited by the effects obtained by different provers, this resemblance extending even to the chronological order of occurrence. Several of the Bureau Reports follow the too-well established precedent of being composed in too large part of "book-learning," and too little of original observation, or of original thought based on old observation, either of which is sufficient to make a report interesting and acceptable. The Bureau of Surgery adopted the wise plan of presenting a *single* paper as its report, the subject being "Surgical Diseases of the Testicle." The report is based upon the author's experience, and was of a strictly practical nature. It is followed by an exceedingly instructive discussion, participated in by many of the best surgeons of the Institute.

In each of the remaining Bureau Reports, there are papers of not inconsiderable value. The discussion on these papers, as given in the volume, is, in general, of a practical nature, and its perusal will be found both interesting and profitable. D.

Reference Handbook of the Medical Sciences. Edited by Albert H. Buck, M.D. Volume I. New York: William Wood & Co. 1885. Large octavo, pp. 814.

This volume, embracing articles alphabetically arranged, from Aachen to Cataract, is the beginning of an encyclopedic work, announced some time ago by its indefatigable publishers. Its editor, Dr. Buck, is well and favorably known as the editor of *Ziemssen*, and of Buck's comprehensive work on Hygiene, etc. The entire work will consist of about eight volumes. It is designed to cover the entire field of medicine and its allied sciences, with a series of brief, terse essays and paragraphs, prepared by well-known experts in the various departments. The volume before us is the result of the combined labors of ninety such contributors. None of the articles can be regarded as exhaustively treated, yet the most important of them are quite fully considered, and perhaps all of them as extensively so as the needs of the general medical scholar and practitioner will require. Thus, the article on *Accommodation and Refraction* occupies sixteen double-column pages, and is well illustrated by twenty-five wood-cuts. Other subjects of minor importance are disposed of in brief paragraphs. The illustrations are well designed and well executed; four chromolithographic plates being included. The work ought to be popular among physicians.

This first volume gives some few evidences of haste in its preparation, notably in the omission of some quite important topics. It may be, however, that some of these subjects are to be treated under headings which will come appropriately in the later volumes. We shall wait with interest to see whether its forthcoming article on "Homœopathy" will be prepared by an "expert," or, as is usually the case in similar works, by some one notoriously ignorant of the subject. D.

HAY FEVER AND ITS SUCCESSFUL TREATMENT BY SUPERFICIAL ORGANIC ALTERATION OF THE NASAL MUCOUS MEMBRANE. By Charles E. Sajous, M.D. Philadelphia: F. A. Davis, Att'y. 1885. Pp. 100.

Dr. Sajous in this little volume, after mentioning various opinions respecting the cause of hay fever, viz.: the pollen theory of Elliotson, the vibrio theory of Helmholtz, the neurotic view as held by Beard and others, the dust-theory of Mackenzie and others, etc., discusses the view now held by himself viz.: that there are three essential factors in the production of hay fever, *first, an external irritant; secondly, a predisposition of the system* to the influence of this irritant, and *thirdly, a vulnerable or sensitive area* through which the system may be influenced by the irritant. He contends that there must be a systemic and a local element existing simultaneously, to render an accession of the disease possible. He considers that the systemic element consists of an abnormal sensitiveness of certain nerve centres to those impressions to which they are naturally susceptible; that the local element is a hyperæsthesia of those parts of the nasal mucous membrane to which the branches of the spheno-palatine ganglion and the nasal branches of the ophthalmic nerve are distributed; that irritation of this "vulnerable area" results in head symptoms, or reflex asthmatic symptoms, or both, according as the irritant is applied to the anterior, posterior, or middle portion. Finally the author claims that by superficial cauterization of these parts by acids or the galvano-cautery, the "local element" may be removed, and the recurrence of hay fever prevented. It is particularly a book for the specialist, but the general reader will also be benefited by its perusal.

D.

MILK ANALYSIS AND INFANT FEEDING. By Arthur V. Meigs, M.D., Physician to the Children's Hospital of Philadelphia, etc. Philadelphia: P. Blakiston, Son & Co. 1885.

This is a little 12mo. volume of a hundred pages, giving the results of some special methods of milk analysis and the author's observations and conclusions respecting the preparation and use of cow's milk for infant feeding. Some of the matters contained in it have been given to the profession in the journals, but it seems to us to be one of the indispensables to a practical physician's collection. D.

THE PEDIGREE OF DISEASE. By Jonathan Hutchinson, F.R.S. New York: William Wood and Company. 1885.

A book from the pen of such an eminently practical man as Jonathan Hutchinson, can be read only with profit. Even though the opinions advanced may not be such as we can accept at once, they almost certainly open the way to new avenues of thought. The work under review is composed of six lectures on temperament, idiosyncrasy, and diathesis, delivered in the theatre of the Royal College of Surgeons, in the Session of 1881. In the introductory lecture the author laments the altogether too prevalent habit among physicians of ignoring in practice the constitutional element —the element peculiar to the patient—in favor of that belonging to his

disease. First, treating of the subject of temperament, he shows that we have no means of assigning to healthy persons certain temperaments. That this can be done by examination of the skin and hair, as to thickness, pigmentation, coarseness, etc., he denies. In spite of these opinions expressed, he disavows any disbelief on his part of the existence of "temperaments," but claims that our means of recognizing them are faulty. Taking up the subject of idiosyncrasy, he shows how drugs affect some differently from others, how they may produce one set of symptoms in some cases, another set in others. He refers to idiosyncrasy respecting arsenic, atropia, eggs, tea, tobacco, etc. In reference to tobacco amblyopia, he advances some thoughts which are well worthy of further consideration. Classification of diatheses, he claims, should not depend on similarity of *external* appearance, but relationship in cause. Diseases, he says, should be placed in "natural groups, in connection with their ancestral descent." The principal diatheses recognized by him are the catarrhal, the rheumatic, and the scrofulous. He also mentions the diatheses of senile degeneration, malignant growths, gout, scurvy, malaria, etc. He also believes in the existence of hereditary diatheses, characterized by peculiarities in the state of the different viscera, or of specialized systems, *e. g.*, the hepatic diathesis. He recognizes the power of hereditary transmission of disease. He closes by enforcing on the reader the importance of studying disease, not as if it depended on present influence alone, but rather of seeking truthfully to "read the record of its long descent." The book well repays perusal. The style in which it is written is such as to keep the reader's interest to the end. B.

Gleanings.

Spinal Anæsthesia and Local Medication of the Cord.—Experiments already made show that to obtain the most immediate, direct, and powerful effects upon the cord, it is necessary to inject the solution in the vicinity of the cord, and to select such a spot as will insure the most direct possible entry of the fluid into the circulation about the cord. The spot selected by Dr J. Leonard Corning, as being the most practicable for this purpose, was the space between the spinous processes of the vertebræ. He, therefore, injected twenty minims of a two per cent. solution of Cocaine into the space situated between the spinous processes of two of the inferior dorsal vertebræ in a dog. In five minutes there were marked evidences of incoördination in the posterior extremities. A few minutes later there was marked evidence of weakness in the hind legs. Sensibility was markedly diminished. Nothing abnormal was noted in the fore legs. A second experiment was performed on a man who had long been a sufferer from spinal weakness and seminal incontinence. Thirty minims of a three per cent. solution of Cocaine were injected into the space between the spinous processes of the eleventh and twelfth dorsal vertebræ. There being no symptoms after the lapse of eight minutes, the experiment was repeated. Ten minutes later the patient complained that his legs "felt sleepy." An examination with the wire-brush showed sensibility to be greatly impaired. The impairment of sensibility was principally limited to the lower extremities, the lumbar regions, the penis, and the scrotum. When the patient

closed his eyes he experienced some dizziness while standing, but there was no incoördination or motor impairment discernible in the gait. The passage of a sound, though usually accompanied by considerable pain, remained almost unperceived, and a urethral electrode caused no inconvenience, even when strong currents were used. The patellar reflexes were abolished. The symptoms did not entirely disappear until nightfall.—*N. Y. Medical Journal*, October 31st, 1885.

The Passage of Pathogenic Microbes from the Mother to the Fœtus and through the Milk.—M. Koubassoff (*Gaz. Hebdom. de Med. et de Chirurg.*), by experimental investigations made on lower animals, concerning the passage of pathogenic microbes from mother to fœtus and through the milk, arrives at the following conclusions: 1. The bacilli of charbon, *rouget*, and tuberculosis, inoculated on one female, passed into the lacteal secretion. 2. Having once appeared in the milk, they remained until the end of lactation, or until the death of the animal. 3. The young, fed with the milk containing the bacilli of rouget, charbon, or tuberculosis, do not contract these diseases, and survive even when the mothers perish. 4. The passage of microbes from the mother to the fœtus depends, probably, upon the existence of direct communication between the bloodvessels of the mother and those of the fœtus.—*Medical News*, October 3d, 1885.

Cocaine in Bone Surgery.—Dr. M. Josiah Roberts, of New York, has used Cocaine as a local anæsthetic in an operation about the elbow-joint. The experiment was a complete success. He proceeded as follows: The skin was punctured by the needle of the hypodermic syringe, and one minim of a 5 per cent. solution was injected at about twenty points in the neighborhood of the joint. In about fifteen minutes an Esmarch's bandage was applied to the limb. The deeper tissues were now punctured by the needle, and about two minims injected at each point. The arm was next encircled with a strong elastic band at a point about four inches above the elbow-joint. The knife was now used in making the necessary incisions to reach the joint. This was done without giving the patient the slightest sense of discomfort. The needle of the syringe was now introduced beneath the periosteum in several places, and minim injections of the Cocaine made. The bone-drill was now used, and the necessary excavations made without producing any pain whatever.—*Medical Record*, Oct. 17th, 1885.

Cocaine Poisoning.—Dr. W. B. Merriman reports the case of a morphia-*habitué* who took Cocaine to cure him of his habit. He commenced by taking one drachm of the four-per cent. solution daily, and gradually increased the dose until he was taking from five to seven drachms per day hypodermically. He became sick from this heavy dosing. There was a low grade of fever, pulse 100 and very weak; mind wandering, and very nervous; had no sleep for three days; in fact, went through all the grades of delirium tremens.—*Cincinnati Lancet and Clinic*, September 26th, 1885.

Cause of the First Sound of the Heart.—An interesting note on the cause of the first sound of the heart, by Dr. Gerald Yeo and Dr. J. W. Barrett, appeared in the July number of the *Journal of Physiology*. Opinions, as is well known, have varied considerably on this point. Some observers, as Halford and Billing, looking at the relative size of the auriculo-ventricular and semilunar valves, have held that the sudden tension of the former is sufficient to produce the first sound of the heart. These observers point to the fact that just as the act of hooking back one semilunar valve abolishes the second sound, so the same act of hooking back one auricular valve, or the incompetence of the valve as a whole, impairs or abolishes the first sound; and they also point to the fact that the tracing of a cardiac contraction shows a single contraction, and not a tetanus of the muscular tissue. Many careful experimenters, however, maintain that the muscular sound

must be regarded as an element in its causation, and insist on the greatly increased volume of the sound in cases of cardiac hypertrophy. Drs. Yeo's and Barrett's experiments originated in a difference of opinion between them on this point, each being desirous of persuading the other of the correctness of his views. To determine the question, a large cat and an active mongrel bull-terrier were chloroformed and subjected to artificial aspiration, and the cardiac sounds were then carefully listened for by each disputant, as well as by some independent observers. After the thorax had been opened by an extensive median incision without injury to the pericardium, the veins were then compressed, and all noted that the sound became gradually slightly diminished, but did not become inaudible, the tone remaining distinct as long as the heart continued to beat. In the case of the dog, the same phenomenon was observed even after the heart was removed from the body, and the same was noted in the ventricle when removed below the valves. The authors, therefore, arrive at the conclusion that a definite and characteristic tone, similar in quality to the first sound, is produced by the heart muscle under circumstances that render it impossible for any tension of the valves to contribute to its production.—*The Lancet,* October 31st, 1885.

Poisoning by Sulphuretted Hydrogen.—Experiments showing the effects of inhalation of sulphuretted hydrogen were made by MM. Brouardel and Loye on tracheotomized dogs. The pupils dilated within ten seconds after the commencement of the inhalation and the eyeballs became prominent. The pupil did not react to light. The vessels of the ocular fundus were much dilated. The cornea became quite insensitive; the skin could be stimulated without any reaction. Twenty seconds after the beginning of the experiment galvanization of the sciatic nerve did not give rise to muscular movements. In brief, there was disappearance of all reflex actions. After a little struggling, the muscles became rigid, so that all the limbs were in a condition of forced extension, and the thorax was in a position of expiration. The contraction disappeared when the respiratory movements ceased. The urine and fæcal matters were forcibly expelled. After a few seconds, the respiration became slowed, and afterwards convulsive as the animal began to struggle. In twenty-five seconds, the respiratory movements completely ceased. If the animal be chloroformed, the convulsive respirations are not observed. If both vagi are cut before the inhalation, the phenomena are said not to be altered. The number of cardiac beats are diminished; but the infrequency is not persistent. The heart, though slowed, beats very strongly. The heart does not die until respiration has ceased two minutes. The auricles may be seen to beat for an hour after the thorax has been opened. The blood-pressure is raised, then lowered. Galvanization of the sciatic nerve after the lapse of twenty seconds does not modify the blood-pressure. The blood coagulates rapidly. The arterial blood, analyzed, is said to contain enough oxygen to support life. After inhalations of the gas more diluted, similar effects are induced. Urine may contain both albumen and sugar.—*The Lancet,* October 24th, 1885.

Etiology of Locomotor Ataxy.—Dr. Belugon concludes from the study of thirty-two cases of ataxia: 1. No single cause can be indicated as having a monopoly of the elements necessary to the bringing about of ataxia, and no one of them is necessary to its production. 2. The elements which have the greatest importance in its genesis are: Syphilis, a nervous heredity, rheumatism, and functional abuses. 3. In almost all cases, besides other etiological circumstances, functional excesses, and the nervous condition from overwork, are accessory causes, and contribute in a manner more or less marked to the evolution of the disease.—*N. Y. Medical Abstract,* October, 1885.

Baryta Muriatica in Aneurism.—Dr. W. H. Howitts reports a case of aneurism of the descending aorta cured by Baryta mur. 1x. The symptoms

of the case were: Anæmia, distressed anxious look on the face; severe pain in the chest, worse from the slightest movement. There was a conspicuous swelling or bulging out of the thoracic wall on the right side, close to the sternum and a little above the right nipple. The tumor was six inches in diameter, and about three inches of this area vibrated synchronously with the heart. With the stethoscope a blowing sound of great intensity was heard. The patient was made to assume the recumbent posture, and Baryta mur. 1ˣ prescribed. An improvement of the symptoms was noted from the very first. At the end of six months the patient was well.—*Monthly Homœop. Review*, November, 1885.

Cocaine Poisoning Simulating Opium Poisoning.—Dr. Spear, U. S. N., reports the case of a man who took hypodermically, in divided doses, 10 grains of Cocaine hydrochlorate for the purpose of sobering up. About half an hour after the last dose he fell asleep. His face soon became ashy pale, his hands and lips quite blue, and large drops of perspiration covered his forehead. His mouth was half open, his pupils contracted to an extreme degree. He breathed slowly. The pulse was feeble and fluttering, and not countable. Opium poisoning was diagnosed, and treatment with Atropia, Coffee, and exercise instituted accordingly. In the course of a few hours the patient was out of danger. It was then learned that the poison taken was not Opium but Cocaine.—*N. Y. Med. Record*, November 14th, 1885.

Placenta Two Months in Advance of the Fœtus.—Dr. William H. Lathrop relates a case of miscarriage in which the delivery of the placenta preceded that of the fœtus by two months. The patient was a primipara four months pregnant. She experienced no discomfort or bad odor from the retention of the fœtus.—*N. Y. Med. Record*, November 14th, 1885.

Cocaine Poisoning.—At the meeting of the Cincinnati Medical Society, held October 30th, Dr. Carson called attention to an unusual action of Cocaine. A four per cent. solution was applied to the ulcers in the mouth of a young child. The child soon became delirious, and apparently suffered alarmingly. However, recovery followed.—*Cincin. Lancet and Clinic*, November 14th, 1885.

Castration for Neuroses.—In a paper by Schmalfus, the effect of removal of the ovaries is deduced from a study of Hegar's material operated on prior to 1882. He divides the cases into three artificial groups, according to, aside from the local findings, the predominating symptoms. In the first group, belong those cases where the symptoms emanated rather from the nerves of the lumbar and sacral plexus (back-ache, iliac pain, anæsthesia and hyperæsthesia of the vulva and vagina). In the second group, the main symptoms were cardialgia, globus, sensation of pressure in the epigastrium. In the third group, vaso-motor disturbances of various organs, epileptiform attacks. The total number of cases analyzed is thirty-two. In twenty-four cases (75 per cent.), cure was effected. In six cases (18.7 per cent.), relief was secured. In two cases, the result was negative. In seventeen cases, the menopause was at once established. In twelve cases, there occurred hæmorrhages at varying intervals before the menopause set in. In three cases, menstruation still recurs; only typically in one case. In eighteen of the cases, molimina still recur.—*Amer. Journ. Obstet.*, November, 1885.

Choroiditis Following Typhoid Fever.—Dr. F. C. Hotz, of Chicago, records a case of choroiditis occurring during convalescence from typhoid fever. Rapid improvement in vision (from ability to count fingers at 12 feet to $\frac{20}{XXX}$ followed the hypodermic administration of Pilocarpin.—*Amer. Journ. Ophth.*, October, 1885.

Treatment of Rachitis with Phosphorus.—Since Kassowitz first called attention to the value of Phosphorus as a remedy in rachitis, thirteen out of seventeen authors have reported favorably concerning this use of the drug. Hochsinger further confirms the good reports so far given, and claims that Phosphorus has a direct action on the morbid process. Four hundred and eighty-seven cases were placed by him on the Phosphorus treatment. The substance was, as a rule, very well tolerated by the stomach, in many cases acting as a tonic. In forty-seven cases, the result was considered excellent; in 192, as very good; in 236, as good, and in twelve, as delayed. Symptoms, which were relieved to a marked degree after a course of treatment varying in duration with the intensity of the conditions, were craniotabes with dilated fontanelles, spasm of the glottis, chorea and other disturbances of the nervous system, delayed dentition, and difficulty in locomotion, and in the action of the thoracic viscera, owing to imperfections in the skeleton. Hochsinger affirms that Phosphorus surpasses all substances previously used in the treatment of rachitis in the rapidity and permanence of its curative effect.—*Archives of Pediatrics*, October, 1885.

Hydronaphthol, the New Antiseptic.—Hydronaphthol is considered by Dr. R. J. Levis to be preferable for general use when simple antisepsis is desired. For this purpose, it may displace Carbolic acid. Where, however, septic conditions already exist, he looks upon Mercuric chloride as the most efficient agent.—*Med. and Surg. Rep.*, November 14th, 1885.

Relations of Epilepsy and Hemicrania.—Möbius (*Rivista Internaz. di Medic e Chirurg.*), in a discussion of the etiology of hemicrania, refutes the generally received opinion that hemicrania is of sympathetic origin, because of the well-known fact that disease of this nerve, paralysis or irritation are never accompanied with pain, and, while not considering it as yet established whether the disease is neuralgic or vaso-motor in its origin, he allies it with epilepsy, and bases his conclusions upon the following facts: 1. Both diseases may originate from organic lesions of the brain, from reflex causes, or be presented as neuroses *per se;* 2. Both diseases are, for the most part, congenital and hereditary; 3. Both explode rapidly at periods widely separated, or the reverse; 4. Both diseases present prodromata of their attacks; 5. As the epileptic attack may be typical, or present its special features only in part, or be substituted by a complex of foreign symptoms, so, in hemicrania, at times scotoma only may supervene, while, again, only its equivalents, such as general malaise, weakness, nausea, may occur; 6. At times, the attacks in hemicrania, as in epilepsy, are frequent, while, again, there is a true status hemicranius, analogous to the status epilepticus; 7. Both diseases are incurable, and epilepsy of reflex origin disappears with the removal of the cause; the same occurs in hemicrania, as is shown by facts lately published. As to the location of the lesion in these diseases, while it is generally accepted that, in epilepsy, the seat is cortical, Möbius inclines to the opinion that, in hemicrania, the effects are due to irritation of the descending root of the trigeminus, in the region where the fibres separate supply the dura mater.—*Medical News*, November 7th, 1885.

Epilepsy and Hemicrania.—B. Silva (*Giornale di Neuropatologia, Fasc.* 1 *and* 2, 1885), in discussing the relation of epilepsy and hemicrania, while recognizing the frequency of heredity in both, calls attention to the following points of difference between the two diseases: 1. While hemicrania, in the great majority of cases, begins about the period of puberty, epilepsy most frequently begins at the end of childhood. 2. The attacks of hemicrania become less frequent and less intense with advancing age, and in old age often cease entirely, while, on the contrary, epileptics commonly terminate life insane; 3. That occasional causes—menstruation, mental excitement, etc.—exert a greater influence in the production of hemicrania

than of epilepsy. Silva's views agree essentially with those of Wagner and Struempell, who are among those who deny the essential relation between the two diseases, for the reason that the attacks in the two diseases are not similar.—*Medical News*, November 14th, 1885.

Apis Mellifica in Vaccination Erysipelas.—Dr. Thomas Nichol reports the case of an infant æt. 2 years, in whom, seven days after vaccination, erysipelas appeared in the operated arm and rapidly spread over the entire body. The arm was greatly swollen, and the cellular tissue was so much infiltrated that the finger left no imprint on it. The entire body was covered with an erysipelatous eruption of a dusky red hue. The temperature was 102°, pulse 130 and thready; tongue coated yellowish, with red and enlarged papillæ; the face was flushed, the eyes heavy and dull, the whole aspect denoting illness. *Apis mel.* 6ˣ, in water, effected a rapid cure.—*The Clinique*, Sept. 15th, 1885.

Berries of the Snow-Ball Tree in Angina Pectoris.—The successful results obtained by Dr. Jacubovsky in two cases of angina pectoris, treated by dried leaves of the snow-ball tree (viburnum opulus), led Dr. Manguby of Odessa, to try the dried berries of the snow-ball tree in a severe case of the same disease in an obese lady aged forty, who had been for eighteen months unsuccessfully treated by various remedies. An infusion made of two tablespoonfuls of dried snow-ball berries to one glass of water, and divided into three or four portions, was taken daily. After two months' treatment, the paroxysms began to come only once in four or six weeks (instead of every two or three days, as they had used to occur before). The same treatment being continued another six months, the patient gradually made a complete recovery. Not a single paroxysm of angina appeared these eight months.—*Analectic*, Sept., 1885.

The Treatment of Patients Affected with Disease of the Prostate.—Dr. Guyon, holding that the normal physiological condition of those affected with prostatic disease is congestion, formulates the following treatment for the affection: 1. The avoidance of all causes of general or local chill. 2. The proscription of over-eating and alcoholic excess, and in general, avoidance of abuse, rather than the simple use of salads, meats, fish, shell-fish, white wines, and champagne. Not only should excess of irritating or alcoholic drinks be avoided, but also that of beverages in themselves inoffensive. For this reason, the treatment of the affection by mineral waters should be advised with extreme caution. 3. Voluntary and prolonged retention of the urine should be avoided, as being conducive, in those affected with prostatic disease, to the production of retention of the urine, cystitis, etc. 4. Moderate indulgence in sexual intercourse. 5. Consideration of the unfavorable influence exerted by prolonged horizontal decubitus and immobilization. Prolonged rest in bed should be avoided, and before retiring, the patient if possible should, if unable to walk in the open air, promenade in his room for fifteen or twenty minutes, and in the morning such exercise should be repeated. During the day, sedentary habits should not be contracted, but at the same time fatigue should be avoided. Constipation should be obviated, if existing, without the use of drastic cathartics. A large enema, warm or cold, in the morning has at the same time an evacuating and a soothing effect. Emollient enemata before retiring, frequently also yield good results. 6. The functions of the skin should be excited by dry friction and massage. Baths should not be continued beyond fifteen minutes. Dr. Guyon next considers the medicinal treatment of the affection, and suggests: 1. As a remedy for the sclerosis of the urinary apparatus, the use of potassium iodide, in quantity varying from eight to fifteen grains daily, during fifteen days or three weeks of every month, and continued for months or years. 2. For the congestive

lesion, the careful administration of ergot, nux vomica, and all preparations containing strychnia as a base, is advised. 3. As remedies for vesical irritation, belladonna, hyoscyamus, and the preparations of valerian will be found more inoffensive than opium and its derivatives, but, nevertheless, sufficiently active. The bromides are considered to have in vesical disease, only an insignificant effect, but in some cases this should be utilized. The foregoing hygienic and medicinal treatment, Dr. Guyon considers, will in most instances suffice to overcome the functional disturbances experienced by prostatic patients, and only when it fails should the use of the catheter be resorted to.—*American Journal of the Medical Sciences*, Oct., 1885.

Acute Glaucoma in One Eye, Following Enucleation of the Companion Eye.—A few years ago, Dr. David Webster reported nine cases in which iridectomy in one eye seemed to precipitate an attack of acute glaucoma in the other. He now records a case in which an *enucleation* has produced the same unpleasant result. He believes that a sufficiently extensive experience will show us that any operative interference with one eye of an etherized patient may excite acute glaucoma in the other, provided always, that it be strongly predisposed to that disease.—*Amer. Journ. Ophthalm.*, August, 1885.

Influence of Malarial Poison on Pregnant Women.—Mendel and Ritter have recorded the comparative immunity of pregnant women from malarial attacks. The accuracy of this statement is denied by Dr. W. Thornton Parker. He says that the influence malarial poisoning exercises upon the mother and unborn child, like every other poisonous and depressing influence, is bad. In his experience in Western sections, he found miscarriages frequent, and the proportion greatest in those who suffered most from general malarial poisoning. The number of premature labors and of still-born and puny, sickly children in malarial regions, together with the general poor condition of the puerperal women, ought to be sufficient proof of the effect of this poison on nursing women.—*Phila. Med. Times*, Sept. 19th, 1885.

Poisoning of an Infant Through the Milk of Its Mother.—A man was charged with poisoning, by means of arsenic, his wife and his infant, whom she was then suckling. The child had died with the symptoms of cholerine some days after its mother had manifested similar symptoms. Subsequent occurrences awakened a suspicion as to the cause of the child's death, so the body was exhumed six months after burial. The body having been entirely converted into fatty matter, so that isolation of the viscera was impossible, it was submitted to analysis *en bloc*. It yielded five milligrams of arsenic, which certainly did not proceed from the linen in which the body was wrapped or the soil by which the coffin was surrounded. In experiments undertaken by Dr. Ponchet on nursing women, he administered to nursing mothers from 6 to 12 drops of Fowler's solution and found that their milk always exhibited a relatively considerable quantity of arsenic.—*Quarterly Compend. Med. Soc.*, October, 1885.

Antisepsis after Cataract Extraction.—M. Pouas recommends washing the anterior chamber, after cataract operations, by means of a special syringe, with a solution of corrosive sublimate, 1 to 25,000.—*Le Progrès Médical.* W. B. V. L.

Subnitrate of Bismuth as a Surgical Dressing.—MM. Gosselin and Herat reported to the Academy of Sciences some experiments with Subnitrate of bismuth as a wound-dressing. The wounds healed immediately and absolutely in about one-half the cases. The drug seems to control all oozing after operations, not because it of itself causes coagulation, but on

account of the Nitric acid that leaves it; this attacks the open capillaries of the moist wound-surface. Besides this action, it is an astringent, a germicide, and a sedative. It is preferable to the Hydrate, as this lacks the coagulating and constrictive properties. It may be used as a powder, or by irrigation, 1 part to 50.—*Le Progrès Médical.* W. B. V. L.

Resection of the Thoracic Wall for Large Tumors of the Chest.—On account of osteochondroma of the ribs reaching on the posterior and lateral wall of chest and abdomen from the scapula to the crista ilei, in a strong man at 42, Professor Maas had to remove pieces of the ninth, tenth, and eleventh ribs, eleven-twelfth centimetres in length, with pleura. The abdominal cavity was not opened. The pericardium and the retracted left lung were laid bare. At the moment of opening the pleural cavity, the pulse sank from 84 to 60 (vagus irritation). Spray of Aluminium acetate. The enormous wound was covered with a series of sutures; places were left open for discharge of secretions, but no drainage tubes were introduced. Astonishingly rapid convalescence followed. There was some dyspnœa on the first day only; by the fifth, vesicular breathing could be heard as far as the seventh rib, and by the eighth over the full extent. During inspiration, the region of bony defect sank in over an extent of six-eighths centimetre only. Maas believes the favorable course followed from not irritating the pleura with æntiseptic washings. H. Fischer's case of cure suffered from bronchitis. Leisrink lost his from pneumonia.—*Annals of Surgery*, November, 1885.

Successful Extirpation of the Spleen.—The patient was a woman æt. 34, who for a year had noticed an egg-sized tumor in the left hypochondriac region, causing pain on standing or walking. While dancing, and without antecedent pain, she was seized with nausea, and soon vomited up blackish material. Abdomen rapidly grew large and painful. She noticed that the tumor now reached farther down and to the right. Very pale and anæmic; 1,700,000 red and 26,000 white corpuscles in one cubic centimetre blood. A tumor was felt in the right hypochondriac and epigastric regions. Despite dulness in the lienal region, a probable diagnosis of splenic tumor was made. Extirpation by Professor Albert three weeks later. Hilus of spleen was doubly constricted by false membranes and attached both to the tail of the pancreas and border of the larger omentum. The wound healed in four weeks, and patient was perfectly well. Twenty-two days after the operation the blood showed 3,650,000 red and 12,000 white corpuscles to one cubic centimetre, an increase of nearly 100,000 red corpuscles daily. Siegel and Haack have found a similar increase in healthy individuals after hæmorrhage. The extirpated organ measured 24 cm. × 17 cm., and showed infarction microscopically.—*Annals of Surgery*, November, 1885.

Cyclic Albuminuria.—Albuminuria in the Apparently Healthy.—Dr. F. W. Pavy dwells on the importance of distinguishing albuminuria in the apparently healthy from the ordinary form of albuminuria, as the gravity of the two is diametrically opposed. In his cases of so-called physiological albuminuria, Dr. Pavy has observed a character which serves as a ground for distinction. That is the diurnal variation that takes place in the state of the urine. Examined at one period of the twenty-four hours, the urine is found to contain a large amount of albumen, whilst at other periods there is none, and what is observed one day is repeated with more or less closeness the next. These cases have a cyclic character belonging to them, hence Pavy has given them the title of "cyclic albuminuria." The period of diurnal appearance of the albumen is pretty uniform for each case. There may be considerable variation in the amount of albumen observed upon different days. The condition noted may go on,

not only for weeks or months, but even for years. It is not accompanied by impairment of health, and there are none of the ordinary constitutional indications of the existence of Bright's disease present. The urine in other respects presents ordinary characters. No casts of tubules are to be observed, but frequently crystals of oxalate of lime are present. Analogous phenomena are noted in the cases of persons subject to the phosphatic diathesis; the urine in the morning being perfectly clear, while that passed later on is loaded with phosphates. The author closes his paper by detailing a series of cases in point.—*British Medical Journal*, October 24th, 1885.

Bromide of Ethyl in Labor.—Dr. H. Landis Getz, of Marshalltown, Iowa, has used Bromide of ethyl in labor, and offers the following objections to it: 1. It is no safer than Chloroform. 2. He can produce anæsthesia as quickly with Chloroform. 3. The same degree of anæsthesia does not endure so long as with Chloroform. 4. It produces more nausea, vomiting and headache than Chloroform. 5. The odor and taste are more unpleasant than those of Chloroform. 6. It possesses no advantages over Chloroform in obstetrical practice. 7. In prolonged obstetrical operations it is not as good as Ether, because the anæsthetic effect is of short duration, and, as a consequence, requires to be continuously administered.—*Journ. of the Amer. Med. Assocn.*, October 10th, 1885.

News, Etc.

State Homœopathic Hospital in Providence.—The Rhode Island Homœopathic Hospital Corporation has recently purchased a fine piece of property on Olney Street, Providence. It formerly belonged to Gov. James Y. Smith, who erected thereon a picturesque and substantial residence, of a red and white Westerly granite, after the old English style of architecture, three stories in height, and with seventeen rooms therein. The house and barn (also of granite) are said to have originally cost $100,000. The grounds comprise about 90,000 square feet, and are handsomely laid out. The house commands a beautiful view to the eastward, while from the upper windows the city of Fall River may be seen on a clear day. The house occupies a foundation 60 by 54 feet, and is two stories in height, with a full story for sleeping apartments in the roof, which is of a unique and striking design. The entrance to the hall is by an easy flight of granite steps through a stone porch, the main hall being 16 by 28 feet, with a side stairway leading to the second story, with an entrance 16½ by 11 feet. The hall is finished in solid oak, and has a substantial and imposing appearance. On the right, as one enters the hall, is the library, 16 feet square, and next beyond is a dining-room, 26 by 18 feet. Then comes the butler's pantry, and next beyond the kitchen, 16 by 14 feet, supplied with a set range, hot and cold water, and bell attachments to the several rooms. On the left as one enters the main hall is a reception room, 16 by 15 feet, and next beyond is a drawing-room 28 by 18 feet, with a large French window. Connection is had with these rooms through wide doors and a passageway at the foot of the rich staircase. Beyond the drawing-room is a large storeroom, and next comes the rear entrance and stairway leading to the second floor. On reaching the second floor, a hall of the same dimensions as the main hall runs the entire length, with a wide space occupied by the stairway to the attic. There are six fine sleeping rooms on this floor, with bath rooms, closets, etc., four of them being 16 by 15 feet, and two 20 by 18 feet each, and being 10½

feet stud, while the rooms on the lower floor are about 11½ feet. In the upper story there are seven sleeping rooms, with a hall running through the centre as below. In the basement are a kitchen, laundry, and two sleeping rooms for the servants' quarters, and there are the customary wood and coal cellars, furnaces, etc. The barn is a neat and attractive structure, 30 by 20 feet, perhaps, and can readily be devoted to hospital wards, if necessary. There is ample opportunity to erect cottage annexes in the event of necessity for more room, and in fact the cottage plan is strongly endorsed by the Corporation and Society. The drainage is excellent, owing to the elevated location of the house and the slope of the land on the easterly side. The ornamental decoration of the house is picturesque and attractive, the terraces and balconies being of stone, while a neat iron fence encloses the grounds on the Olney Street side. The combination of red and white granite is pleasing, and the architectural beauty and symmetry of the structure invites the admiration at a casual glance.

American Institute of Homœopathy—Bureau of Sanitary Science.—The following plan of work is submitted by the chairman of this Bureau, Dr. L. C. Grosvenor, of Chicago: 1. Our Homes, their Purpose and Intent, an Index of our Civilization, by M. H. Waters, M.D., of Terre Haute, Ind. 2. The Choice of a Site, with Reference to Convenience, Sanitary Conditions, and Æsthetic Environments, by H. E. Beebe, M.D., of Sydney, Ohio. 3. The Building Itself, including the Proper Heating and Lighting; Including, also, the Proper Division of Room to Meet the Intellectual, Social, Gastronomic, and Sleeping Wants of the Family, by R. F. Baker, M.D., of Davenport, Iowa. 4. Sewerage, Drainage, and Care of Excreta, to Prevent Danger to Health by the Contamination of the Water Supply, or Vitiating the Surrounding Atmosphere, by D. H. Beckwith, M.D., of Cleveland, Ohio. 5. Foods, their Selection, Cooking, and Adulteration, by Anna M. Warren, M.D., of Emporia, Kansas. 6. The Water we Drink, its Purity as an Element of Health, its Impurities, Tests for Impurities, Danger to Health from Impurities, Organic or Otherwise, by E. U. Jones, M.D., of Taunton, Mass. 7. Care of Contagious and Infectious Diseases, including Prophylactics and Antiseptics, by Pemberton Dudley, M.D., of Philadelphia, Pa. 8. The Germ Theory, including the Results of Some Practical Work during the Year at the Chicago Homœopathic College and Hospital, by Professor R. N. Tooker, M.D., and Bayard Holmes, M.D., of Chicago, Ill. 9. The Sanitation of the Lying-in Room, including the Conduct of a Case of Labor, with Reference to its Hygienic and Prophylactic Aspects, by L. C. Grosvenor, M.D., of Chicago, Ill.

Personal.—Dr. Breyfogle, of Louisville, Ky., has retired from practice. He is succeeded by Drs. Mayer and Monroe; the latter gentleman formerly of Birmingham, Ala.

Dr. James Hoffman has located at 238 Grove Street, Jersey City, N. J.

Dr. J. P. Dake, of Nashville, Tenn., and his son, Dr. Chas. Dake, of Hot Springs, Ark., agreeably surprised us with a call on their way home from Europe. Both are looking well, and the Professor expressed himself as feeling ready to resume his practice and other professional work with renewed energy. An important article from his pen will be found in this number.

Dr. Willis H. Proctor has gone to Germany for special studies in pædology, gynæcology, and obstetrics. Dr. F. F. Marsh, formerly of Wareham, Mass., has charge of Dr. Proctor's practice.

Dr. Reuben Owen has removed from Twelfth Street to 1726 Columbia Avenue, Phila.

Dr. C. W. Weaver has located at Taneytown, Md.

Dr. W. H. Dewing has succeeded Dr. Dods, at Silver Creek, Chautauqua Co., N. Y.

Dr. S. E. Newton, of Woodbury, N. J., has removed to De Lands, Volusia Co., Florida.

Dr. John L. Ferson, of Pittsburgh, Pa., has removed to Sanford, Florida. He has recently taken special courses in diseases of the heart and lungs, and in gynæcology, in the N. Y. Post-Graduate School.

Dr. S. J. Donaldson, of New York city, has issued in pamphlet form a reprint of his recent Journal article on bodily posture in gynæcology.

American Institute of Homœopathy—Bureau of Pharmacy.—Dr. Lewis Sherman, the chairman of the Bureau, reports as the subject for this Bureau, "Potentization by Means of Trituration and Succussion." It is desired to settle, as far as possible, the following questions: 1. Can the medicinal power of a dissolved drug be increased by succussion? 2. Can the medicinal power of a very finely-divided insoluble drug be increased by trituration which does not subdivide? In order to get answers to these questions we need to experiment with at least three preparations of a drug in each of these four classes: 1. An attenuation beyond the reputed limits of drug subdivision (23^x) made according to the Hahnemannian process. 2. An attenuation within the reputed limits of drug subdivision, also made according to the Hahnemannian process. 3. An attenuation containing the same quantity of the drug as number two, made by simple solution or by simple subdivision, without succussion or trituration at the successive stages of the process. 4. Blanks containing the vehicle only.

Lecture by Dr. William Tod Helmuth.—On November 4th, Dr. Helmuth delivered the first of the series of lectures before the Hahnemannian Institute of the Hahnemann Medical College of Philadelphia, on "What I Have Seen in Surgery." He gave a graphic description and comparison of two thigh amputations. One was under the old methods, without ether, but with large doses of whiskey and laudanum, without the present efficient means of controlling hæmorrhage, in a hospital, clean, yet filled with the odors inseparable from the practice of those days, where the patient, after weeks of exhausting suppuration, rose from his bed as from the jaws of death.

The other, done by himself, was under the antiseptic precautions of modern days by the aid of anæsthesia, Esmarch's bandage, catgut sutures and decalcified bone drainage-tubes, with the loss of scarcely an ounce of blood. At the end of sixteen days, during which time the temperature never rose above 99°, and scarcely any pain or other discomfort was felt, the dressings were removed for the first time, and the wound was found to have nearly healed by first intention; sutures, drainage-tubes and all having disappeared.

The Doctor then spoke of some of the wonders of modern surgery—of how diseased parts of lung could be cut away, several feet of bowel excised, the gall-bladder opened and stones removed, floating kidneys cut down on and pinned in position, ovaries and uterus extirpated, etc., etc. In addition to the class, quite a number of physicians were also present, and the address was very highly appreciated.

The Pennsylvania State Society.—The Transactions of the twenty-first annual session of the Society will be ready for distribution December 7th, among those entitled to receive them.

Clarence Bartlett, M.D.
Corresponding Secretary.

First Meeting of the American Obstetrical Society.—At a meeting held at the office of Geo. W. Winterburn, M.D., 29 West Twenty-sixth Street, New York City, on the evening of Wednesday, October 28th, the

following named physicians were present: Drs. Hasbrouck and Latimer, of Brooklyn, Drs. Bacon, Dearborn, Piersons, King, Wilder, Winterburn, Danforth, M. B. Brown, Amelia Wright, and P. J. Waite, of New York. The object of the meeting was to organize a society for the cultivation of the art and science of obstetrics. Articles of incorporation were presented and signed by all present. The society is to be called the "American Obstetrical Society." That the assembly might conduct such business as it was desirable to accomplish, the following officers were chosen for the occasion:

Chairman, Dr. E. Hasbrouck; Secretary, Dr. L. L. Danforth. By invitation of the chairman, Dr. Winterburn then informed the members of the steps that had been taken towards securing the interest of physicians at home and abroad. He had addressed letters to a number of physicians, informing them of the nature of the movement, and soliciting their cooperation in its development and future welfare. He had received most encouraging replies from seventy-nine physicians, all of whom desired to become members of the proposed society. Only three negative replies had been received, and these were not based on any distrust of the motives or usefulness of the Society, but were wholly personal in character. The names of the physicians who have signified their willingness to unite with the Society are as follows, in the order of their acceptance:

Drs. Geo. W. Winterburn, New York; Philip Porter, Detroit; W. H. King, Prof. L. L. Danforth, Prof. Phœbe J. B. Waite, Drs. Amelia Wright, M. B. Brown, New York; Everitt Hasbrouck, W. B. Garside, Chas. L. Bonnell, Henry Minton, H. M. Lewis, Brooklyn; C. E. Gilbert, Prof. Mary A. Brinkman, Drs. Robert McMurray, Chas. E. Campbell, J. L. Beyea, Chas. H. Baldwin, G. C. Brown, New York; F. B. Mandeville, Newark, N. J.; William H. Krause, Edwin West, New York; J. Nicholas Mitchell, Philadelphia; William C. Latimer, Brooklyn, William N. Guernsey, A. M. Piersons, J. Ralsey White, Thos. Franklin Smith, New York; Prof. B. F. Betts, Dr. M. M. Walker, Prof. O. B. Gause, Philadelphia; G. R. Southwick, Boston; Mary E. Bond, Chas. A. Bacon, Henry M. Dearborn, New York; Geo. B. Peck, Providence; W. D. Anderson, New Haven, Ct.; F. L. McIntosh, F. E. Parker, Claremont, N. H.; G. E. E. Sparhawk, Burlington, Vt.; Alfred H. Lloyd, Henry von Musits, New York; Edwin F. Vose, Portland, Maine; Profs. E. M. Hale, Sheldon Leavitt, Chicago; W. R. Elder, Terre Haute, Ind.; Harrison Willis, Brooklyn; Profs. R. N. Foster, Chicago; Walter Wesselhœft, Cambridge, Mass.; G. M. Pease, S. P. Burdick, San Francisco; Drs. St. Clair Smith, New York; J. H. Ward, W. W. Blackman, Edwin Miner, W. M. L. Fiske, Brooklyn; Louis de V. Wilder, New York; Reuben C. Moffat, Brooklyn; Theodore Y. Kinne, Paterson, N. J.; Prof. J. C. Sanders, Cleveland, Ohio; Dr. Clarence M. Conant, Orange, N. J.; M. E. Douglass, Danville, Va.; H. J. Pierron, Brooklyn, N. Y.; E. H. Coombs, Morgantown, W. Va; Dr. E. P. Gregory, Waterbury, Ct.; Prof. L. S. Ordway, St. Louis; Drs. Daniel Simmons, Brooklyn; L. M. Kenyon, Buffalo; Herbert M. Drayfoot, Rochester; C. G. Higbee, St. Paul, Minn.; H. R. Stout, Jacksonville, Fla.; C. H. Goodman, St. Louis; M. H. Chamberlin, Pierre, Dak.; E. Lippincott, Memphis; S. P. Hedges, Chicago; Edmund A. Murphy, New Orleans; O. S. Runnels, Indianapolis; C. E. Fisher, Austin, Texas; J. M. Walker, Denver, Col.

Dr. Winterburn moved that the physicians whose names had been read be considered as members of the Society. The motion was adopted. By invitation of the chairman, Dr. Winterburn stated his ideas with reference to the Society. He suggested that four meetings a year be held, the first in December, the second in February, the third in April, and the fourth in June, the last in connection with the annual meeting of the American Institute of Homœopathy. At these meetings, papers should be read and discussed. The idea was advanced that one or two members, not resident in

this city, should be invited to contribute a paper for each of the first three meetings. The speaker stated that the movement had met with such marked encouragement, that he believed the Society destined to take a high rank and achieve a national reputation. In the business of the Society, as little "red tape" as possible would be desirable. In closing, he suggested that a committee be appointed by the Chair to consider the subject of By-Laws and Constitution. The Chairman suggested as an amendment that a committee of three from this city and Brooklyn be appointed to draft rules for the management of the Society for the coming season, and that a committee of five be appointed to consider the subject of By-Laws and Constitution, and to report at the annual meeting in June. The resolution was adopted by the Society. The Chairman then made the following appointments for the first committee, and named Drs. Wright, Bacon, and Latimer. On motion, it was next directed that the Chairman appoint a Nominating Committee of three members, whose duty it shall be to suggest the names of officers for the coming season to hold office until the annual meeting in June. The Chairman named as the Nominating Committee Drs. Wilder, Waite, and Piersons. After deliberation the committee reported as follows: for President, Dr. Geo. W. Winterburn, of New York City; Vice-Presidents, Dr. Henry Minton, of Brooklyn, Prof. Sheldon Leavitt, of Chicago, and Prof. Walter Wesselhœft, of Cambridge, Mass.; for Secretary, Dr. Everitt Hasbrouck, of Brooklyn; Treasurer, Dr. Clarence M. Conant, of Orange, N. J. The report of the Committee was accepted. The Chairman inquired the pleasure of the meeting with regard to the nominations. Dr. Bacon moved that the persons whose names had been read be elected. By full vote of the members present this was done. To provide funds for the immediate requirements of the Society, it was arranged that "The dues for the first year should be two dollars, and for each subsequent year one dollar, and that each member shall be entitled to receive a certificate of membership."

Dr. White moved that the Executive Committee be advised to draft a certificate of membership, and present the same at the next meeting of the Society. The motion was adopted.

It was decided by vote, that the next meeting of the Society take place on the evening of the second Thursday in December, at some place hereafter to be designated. It was voted to publish the Transactions, including the papers read before the Society, in the *Homœopathic Journal of Obstetrics*. The Chairman appointed the following Committee on Constitution and By-Laws, to report at the annual meeting, at Saratoga, next June: Drs. William N. Guernsey, of New York: E. M. Hale, of Chicago; J. Nicholas Mitchell, of Philadelphia; George B. Peck, of Providence; John L. Rhodes, of Cleveland.

L. L. Danforth,
Secretary.

Wanted.—Any subscriber who has a copy of the Hahnemannian for August, 1885, which he does not wish to keep, will please communicate with Dr. J. C. Guernsey, 1923 Chestnut Street, Philadelphia. Dr. Guernsey's file of the Hahnemannian Monthly is complete, with the exception of the above-named number.

Ward's Island Hospital.—We learn from the *Chironian* that a clinic was held at this hospital, Wednesday, November 18th, 1885; the attendants being conveyed to and from the Island by a boat furnished by the courtesy of the Commissioners of Charities and Corrections.

Office of the Hahnemannian Monthly, *N. E. corner Eighteenth and Green Streets, Philadelphia.*

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